LANCASHIRE COUNTY COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1959

(Presented to the County Council, 3rd November, 1960)

F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool

PRINCIPAL CONTENTS

	Page
Public Health and Housing Committee	5
Health Committee	6
Vital Statistics	15
Infectious and Other Notifiable Diseases	29
Health Services	39
Health Centres	45
Care of Mothers and Young Children	45
Midwifery	60
Health Visiting	65
Home Nursing	67
Vaccination	72
Immunisation	76
Ambulance Service	83
Prevention of Illness, Care and After-care	90
Home Help Service	102
Mental Health	104
Other Services	109
Welfare Services	112
Welfare of the Aged and Infirm and the Homeless	112
Welfare of Handicapped Persons	118
Other Services	127
Sanitary Circumstances	130
Housing	143
Inspection and Supervision of Food	145
Shops Act Administration	156
Tables, etc.	157
Index	205

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PUBLIC HEALTH AND HOUSING COMMITTEE (1959–60)

The Chairman of the County Council :
County Alderman A. SMITH, C.B.E., J.P.

The Vice-Chairman of the County Council :
County Alderman SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :
County Alderman J. SELWYN JONES, J.P.

The Chairman of the Health Committee :
County Alderman T. HOURIGAN, J.P.

Chairman of Committee :
County Alderman J. W. THORLEY

Vice-Chairman :
County Councillor F. L. NEEP

County Aldermen :

W. BANNISTER, Esq.
H. J. BRETT, Esq.
SIR THOMAS TOMLINSON, J.P.

County Councillors :

G. L. ANNETT, Esq.
C. BETHELL, Esq.
G. H. DEARDEN, Esq.
D. DUNN, Esq.
S. G. GITTINS, Esq.
R. GREENHALGH, Esq. (*from* 10.8.59)
W. T. GRIFFITH, Esq.
A. HALLIDAY, Esq.
T. G. HARRISON, Esq., J.P.
G. E. HILBERT, Esq.
K. H. HINDLE, Esq.
H. KAY, Esq.
F. W. LAND, Esq.
S. LANZ, Esq.
J. LOMAX, Esq.
H. P. MINTON, Esq.
E. MOORES, Esq.
W. MYERS, Esq.
Miss F. M. OPENSHAW, J.P.
Mrs. A. RHODES (*from* 5.11.59)
G. E. ROBERTS, Esq., B.A., B.Sc. (*resigned* 10.8.59)
J. SHEPHERD, Esq.
R. SPENCER, Esq. (*from* 25.1.60)
W. STARKIE, Esq.
J. H. S. TERRY, Esq.
F. WHITWORTH, Esq.
H. WILLIAMS, Esq. (*from* 25.1.60)

HEALTH COMMITTEE (1959–60)

The Chairman of the County Council :
County Alderman A. SMITH, C.B.E., J.P.

The Vice-Chairman of the County Council :
County Alderman SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :
County Alderman J. SELWYN JONES, J.P.

The Chairman of the Public Health and Housing Committee :
County Alderman J. W. THORLEY

The Chairman of the Lancashire Education Committee :
County Alderman Mrs. K. M. FLETCHER, M.A., J.P.

The Chairman of the School Health Sub-Committee :
County Alderman J. BRADLEY, J.P.

Chairman of Committee :
County Alderman T. HOURIGAN, J.P.

Vice-Chairman :
County Alderman H. LORD, M.B.E., J.P.

County Aldermen :

S. C. BOTTOMLEY, Esq.
A. L. CHEALL, Esq.
Mrs. M. J. CLEPHAN
W. J. GARNETT, Esq., J.P., D.L.
Mrs. W. KETTLE, J.P.
Mrs. K. LOWE, J.P.
W. J. THROUP, Esq. (*died* 13.11.59)
LADY WORSLEY-TAYLOR, C.B.E., J.P.

County Councillors :

F. AINSWORTH, Esq.
S. H. BAKER, Esq., J.P.
S. J. BARGH, Esq., J.P.
A. CRITCHLEY, Esq.
H. DAVIES, Esq.
G. H. DEARDEN, Esq.
J. P. ENNIS, Esq., J.P.
C. FARRAND, Esq., J.P.
J. W. GEERE, Esq., J.P.
B. GREENWOOD, Esq., T.D., M.A.
J. B. HAIGH, Esq.
Mrs. E. HANLEY, M.B.E., J.P.
T. G. HARRISON, Esq., J.P.
S. HIGSON, Esq.
T. JACKSON, Esq.
Mrs. M. M. C. KEMBALL, J.P.
G. H. LUPTON, Esq.
Mrs. M. MOORES, J.P.
G. E. PAILIN, Esq., J.P.
Mrs. C. M. PICKARD, J.P.
Mrs. J. M. RATCLIFFE
J. SHEPHERD, Esq.
Mrs. S. A. SIDEBOTTOM
R. SPENCER, Esq.
J. S. WADSWORTH, Esq.
F. WHITWORTH, Esq.

Members appointed by :

Lancashire Non-County Boroughs Association :

Mrs. V. B. DICKINSON, J.P. | W. H. FLOWERS, Esq., M.B.E., M.M.

Lancashire Urban District Councils Association :

A. HIGHAM, Esq., B.E.M., J.P. | W. R. MARSH, Esq., J.P.

Lancashire Branch of Rural District Councils Association :

W. HELME, Esq., J.P. | B. S. WILLIS, Esq.

Lancashire Executive Council :

A. WALTON, Esq., J.P. | Mrs. B. F. WIGNALL, M.B.E.

Lancashire County Local Medical and Panel Committee :

Dr. H. SOUTHWORTH

Voluntary Organisations for the Care of Old People :

Mrs. P. HARROP | Miss K. C. PARKER

(*One vacancy*)

COUNTY HEALTH STAFF (As at 31st December, 1959)

(Jointly with School Health Service)

County Medical Officer of Health and Principal School Medical Officer :
S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law

Deputy County Medical Officer and Deputy Principal School Medical Officer :
T. P. SEWELL, *T.D.*, M.D., Ch.B., D.P.H.

Chief Assistant County Medical Officers :
R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.
IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.
T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.C.R.P., D.P.H.	D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H. H. G. Robinson, M.B., Ch.B., D.P.H.
2	R. W. Farquhar, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	Madge Farmer, M.B., Ch.B., D.P.H. *W. G. Howson, M.B., Ch.B. *W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H. F. Simm, M.R.C.S., L.R.C.P. Margaret M. Timpany, M.B., Ch.B., D.P.H. *Sidney L. Wray, B.A., M.B., B.Ch., B.A.O.
3	C. R. Wilson, M.B., Ch.B., D.P.H.	E. A. R. Berkley, *T.D.*, M.R.C.S., L.R.C.P. Sheila P. Dain, M.B., Ch.B. J. K. Doherty, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. Anne Catherine V. Greig, M.B., Ch.B., D.P.H. *W. Houston, M.B., Ch.B. *H. Kempsey, M.B., Ch.B.
4	J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	Eileen M. Beirne, M.B., B.Ch., B.A.O., D.C.H., D.P.H. Doris J. Black, B.A., M.B., B.Ch., B.A.O. *Marguerite E. Cliff, M.D., Ch.B., D.P.H. D. J. Doherty, M.B., Ch.B., D.P.H. *Margaret Fairclough, L.A.H. Mary P. Haran, M.B., B.Ch., B.A.O., D.P.H. *Jean Robson, M.B., Ch.B., D.C.H. Morfudd E. Thomas, B.Sc., M.B., B.Ch.
5	R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	J. R. Brown, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. Maud M. Frankland, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. *C. Royle, M.B., Ch.B., D.C.H. P. M. Sammon, M.B., Ch.B., D.P.H. Sheila M. Wheeler, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H.
6	R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.	B. Bowman, M.B., Ch.B. Margaret E. Broughton, M.B., B.S., D.C.H. A. D. Kelly, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. *Amy M. Baird, L.R.C.P.I., & L.M., L.R.C.S.I. & L.M.
7	J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Jeannete Diamond, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. Lilian W. Hughes, M.B., Ch.B. R. E. Jones, M.B., Ch.B., D.P.H. Susan H. Montgomery, M.B., Ch.B. J. D. Willins, M.B., Ch.B., D.P.H.
8	G. H. Potter, M.B., Ch.B., M.R.C.S. L.R.C.P., D.P.H.	*E. P. Cooke, M.A., M.R.C.S., L.R.C.P. *G. A. Fulton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. C. Harris, M.B., B.Ch., B.A.O., D.P.H. S. Naylor, B.Sc., M.B., Ch.B., D.P.H. D. W. J. O'Neill, M.B., Ch.B., M.R.C.S., L.R.C.P.

* Part-time

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
9	F. W. Bunting, *M.B.E.*, M.D., Ch.B., D.P.H.	Janet M. Donald, M.B., Ch.B., D.Obst.R.C.O.G. Patricia F. M. B. Gould, M.B., Ch.B., D.P.H. Joan Knowles, M.B., Ch.B., D.P.H. Mary C. Mangan, M.B., B.Ch., B.A.O., L.M. J. F. McGovern, M.B., M.Ch., B.A.O., D.P.H. J. M. V. Packer, M.B., Ch.B., D.P.H. W. A. Pollitt, M.R.C.S., L.R.C.P., D.P.H.
10	A. C. Crawford, *T.D.*, M.B., Ch.B., D.P.H., D.T.M.	Helen G. M. Bennett, M.B., Ch.B., D.P.H. Evangeline T. Morahan-Smiddy, M.B., B.Ch., B.A.O. J. H. M. Tilley, M.A., M.B., B.Chir., D.P.H.
11	E. Taylor, M.B., Ch.B., D.P.H.	*R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H. E. Desmond, M.B., B.Ch., B.A.O., L.M., D.P.H. Jean M. Edwards, M.A., M.B., Ch.B., D.P.H. Bessie Howarth, M.B., Ch.B. Sheila L. McKinlay, M.B., Ch.B., D.C.H. P. F. A. Pareira, M.B., B.S., D.P.H.
12	C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.	A. S. Dunn, L.R.C.P., L.R.C.S., L.R.F.P.S., D.C.H., D.P.H. *Jean F. Dunn, M.B., Ch.B. *Beryl Edgecombe, M.B., Ch.B., D.P.H. Winefride M. Hamilton, M.R.C.S., L.R.C.P., L.M., D.P.H. *W. S. Haydock, B.A., M.D., B.Ch., B.A.O., D.P.H. Joyce M. Medley, M.B., Ch.B. H. R. W. Miller, L.C.R.P., L.R.C.S., L.R.F.P.S., D.P.H. *Cecilia F. G. Wild. M.B., Ch.B., D.P.H.
13	G. Fyfe, M.B., Ch.B., D.P.H.	Beryl A. Barlow, M.B., Ch.B., D.P.H. *J. Brooks, M.R.C.S., L.R.C.P., D.P.H. Margaret A. Feeny, M.B., B.Ch., B.A.O., L.M., D.P.H. A. H. Sippert, M.B., Ch.B.
14	T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H.	G. R. Brackenridge, M.B., Ch.B. *Elsie M. Dakin, M.B., Ch.B. W. R. Falconer, M.B., Ch.B., D.P.H. R. Million, M.B., Ch.B. T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S. *J. Simpson, M.D., Ch.B., D.P.H.
15	W. J. Elwood, M.B., B.Ch., B.A.O., D.P.H.	H. Diggles, M.B., Ch.B., D.P.H. *R. Gardner, M.R.C.S., L.R.C.P. L. G. Nicol, M.R.C.S., L.R.C.P., D.P.M., D.P.H. Olive M. Thomas, M.B., Ch.B., D.P.H. D. Wild, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
16	W. Sharpe, B.Sc., M.B., Ch.B., D.P.H.	Marjorie T. Dare, M.B., Ch.B., D.P.H. Barbara M. Knight, M.B., Ch.B., D.P.H. R. Schofield, M.B., Ch.B., D.C.H. Barbara J. Walker, M.B., Ch.B., D.C.H.
17	A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Hazel I. Ashford, M.B., Ch.B., D.P.H. *Pauline Blockley, M.B., Ch.B., D.P.H. A. D. Bostock, M.B., Ch.B., D.P.H. Mary Evans, M.B., Ch.B., D.P.H. J. E. Morris, B.Sc., M.B., B.Ch., D.C.H., D.P.H., D.I.H. *Elizabeth C. Smith, M.A., M.B., Ch.B., D.P.H.

* Part-time

Principal School Dental Officer :

L. B. Corner, L.D.S., R.C.S.E.

Dental Officers :

R. Ackers, L.D.S.
*A. G. Addinsell, L.D.S.
H. J. Appleyard, L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.
T. N. Ashall, L.D.S.
T. A. M. Ashman, L.D.S.
H. S. Ashworth, L.D.S.
*G. H. Bancroft, B.D.S.
*J. Barcroft, L.D.S.
*A. E. Baron, L.D.S.
*D. W. Barron, L.D.S.
Joan M. Bullough, L.D.S.
A. E. Butler, L.D.S.
Margaret E. Caldwell, L.D.S.
*R. Churney, L.D.S.
*H. K. Clough, L.D.S.
*J. C. Coates, B.D.S.
*R. A. Collins, L.D.S.
J. B. Cooney, L.D.S.
*C. R. Cooper, L.D.S.
E. Crosbie, L.D.S.
*P. F. Cunningham, L.D.S.
F. J. W. Dewhurst, L.D.S.
J. P. H. Donovan, L.D.S.
G. Entwistle, L.D.S.
G. R. Fairclough, L.D.S.
*A. M. Flett, L.D.S.
*H. Gibson, L.D.S.
*Joyce Gibson, L.D.S.
*L. Glickman, L.D.S.
*Catherine T. M. Green, L.D.S.
L. B. Hall, B.Sc., L.D.S.
C. V. Heap, L.D.S.
*J. Heyes, L.D.S.
J. S. Higham, B.D.S.
*N. P. Hilton, L.D.S.
*A. Hodgkinson, L.D.S.
*N. Hoy, L.D.S.
*A. L. Hutton, B.D.S.
*N. Jochnowitz, L.D.S.
*A. Jones, L.D.S.
L. A. Jones, L.D.S.
*L. Lever, L.D.S.
*Beryl Levy, L.D.S.
W. A. Linnell. L.D.S.
*Margaret Lord, B.D.S.
Joan Lynch, L.D.S.
*J. S. Marsden, L.D.S.
*R. Marshall, B.D.S.
*L. Mason, L.D.S.
*Kathleen R. Maxfield, L.D.S.
*R. G. McBurnie, L.D.S.
W. J. Meakin, L.D.S.
*K. E. Metcalf, L.D.S.
J. Ogden, B.D.S.
Mary M. Pellatt, L.D.S.
Kathleen Platt, L.D.S.
A. W. Poole, L.D.S.
B. H. Reid, L.D.S.
*Maggie Robinson, L.D.S.
*P. D. Robinson, L.D.S.
G. C. Royley, L.D.S.
Mary B. Scott, L.D.S.
H. O. Silcock. L.D.S.
I. D. J. Smith, L.D.S.
*L. E. Stirzaker, L.D.S.
*G. K. Taylor, L.D.S.
*Alice M. D. Tomlinson, L.D.S.
*A. D. Torry, L.D.S.
H. V. O. Trenbath, L.D.S.
*P. G. Wadsworth, L.D.S.
*L. D. Walmsley, L.D.S.
C. R. Wheeler, L.D.S.
Susan J. S. Wood, L.D.S.
Bertha D. Worswick, B.D.S

* Part-time

Ophthalmic Surgeons (part-time) :

E. Allan, M.B., Ch.B.
H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.
J. Berkson, M.B., Ch.B., D.A., D.O.M.S.
T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
B. Boas, M.D.
Phoebina Brittain, B.A., M.B., B.Ch., B.A.O.
J. M. Broderick, M.R.C.S., L.R.C.P.
T. Chadderton, M.R.C.S., L.R.C.P., D.O.M.S.
W. G. L. Flather, M.B., Ch.B., D.O.M.S.
L. B. Hardman, L.R.C.P., L.R.C.S., L.R.F.P.S. D.O.M.S.
H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.
V. T. Lees, M.B., Ch.B., D.O.M.S.
Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.
J. N. Matthews, M.R.C.S., L.R.C.P., D.P.H.
J. McLenachan, *G.M.*, M.B., Ch.B., F.R.C.S., D.O.
E. J. Mitchell, M.B., Ch.B., D.O.
J. H. Moorhouse, M.B., Ch.B., D.O.M.S.
J. Morrison, M.B., Ch.B.
D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
Dorothy Purser-Smith, M.B., Ch.B.
Rhona A. Reid, M.A., M.B., Ch.B., D.O.
R. S. Ritson, M.A., M.B., Ch.B.
L. Rose, M.B., Ch.B., D.O.
T. E. Shannon, M.B., B.Ch., B.A.O., D.O.M.S.
H. B. Smith, M.B., B.Ch., B.A.O., M.Ch. (Ophth.), D.O.M.S.
H. V. White, *M.C.*, M.D., Ch.B., L.M.S.S.A.

Consultant Obstetricians :

W. R. Addis, *M.C.*, M.B., Ch.B., F.R.C.O.G.
H. B. Bagshaw, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., M.R.C.O.G.
R. H. J. M. Corbet, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.
H. V. Corbett, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G., M.M.S.A.
W. P. G. Dickson, M.B., Ch.B., M.R.C.O.G.
Mary Evans, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G.
R. Everett, M.B., Ch.B., F.R.C.S., F.R.C.O.G.
F. R. Faux, M.B., Ch.B.
Betty Hargreaves, M.B., Ch.B., M.R.C.O.G.
R. L. Hartley, M.D., Ch.B., F.R.C.S., M.R.C.O.G.
H. C. Haslam-Fox, M.B., Ch.B.
S. B. Herd, M.D., Ch.B., F.R.C.O.G.
T. E. Lennon, M.D., Ch.B., M.R.C.O.G.
Doreen M. Martin, M.B., Ch.B., M.R.C.O.G.
W. M. Martin, *M.C.*, M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
G. W. H. Millington, M.B., Ch.B., M.R.C.O.G.
W. A. Robson, M.B., Ch.B., M.R.C.O.G.
G. R. Stoneham, M.B., Ch.B., F.R.C.O.G.
Lucy M. Sutcliffe, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
W. Ewart C. Thomas, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., M.R.C.O.G.
H. S. Waters, M.A., M.B., B.Chir., F.R.C.S., F.R.C.O.G.
J. H. Young, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.

Chief Lay Administrative Officer :

F. V. Robinson

Welfare Services Organiser :

F. Clarkson

Ambulance Service Organiser :

T. Pearson (*Retired* 27.12.59)
M. S. Buss (*Acting*)

County Sanitary Officers :

J. C. Almond J. Eckersley T. Pickering D. B. Southworth

Supervisor of Midwives :

Miss V. R. Shand

Superintendent Health Visitor and School Nurse :

Miss P. C. L. Gould

Superintendent of Home Nurses :

Miss L. Jones

County Analyst :

G. H. Walker, Ph.D., B.Sc., F.R.I.C.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1959

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the seventy-first annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1959, together with the vital statistics relative to that period.

The estimated mid-year population of the County for the period under review was 2,151,000, an increase of 22,000 on the previous year. Contributing to this increase was an excess of births over deaths amounting to 8,397—a natural increase—and an immigration into the Administrative County of 13,603 persons.

The number of live births registered was 35,682 as against 34,423 the previous year, giving a live birth rate of 16·59, the highest for ten years. At the same time there was a fall in the stillbirth rate from 23·3 per 1,000 total births in 1958 to 22·5 in 1959, the lowest ever recorded for the Administrative County.

There were 27,285 deaths giving a crude death rate of 12·68 per 1,000 population, which is 1·1 more than that for the country as a whole.

Heart disease was again the main cause of death, accounting for 8,874 deaths or 32·5 per cent. of the total. Cancer in its various forms was responsible for 4,466 deaths and a mortality rate of 2·08 per 1,000 population, which is the same as last year and represents 16·4 per cent. of the total deaths from all causes. Deaths due to vascular lesions of the nervous system increased from 4,111 in 1958 to 4,345, the highest number yet recorded. Bronchitis claimed 1,607 victims, 69·3 per cent. of whom were over the age of 64 years. Violence was responsible for 1,283 deaths of which 315 were the result of road accidents, an increase of 47 on the number which occurred the previous year. Maternal deaths numbered 19, three more than in the year before, representing a maternal mortality rate of 0·52 per 1,000 total births. At the same time the infant mortality rate fell to 23·7 per 1,000 live births, there being 37 fewer infantile deaths than the 881 which occurred in 1958. It is interesting to note that of the 844 deaths 596, or 70·6 per cent, occurred during the first month of life giving a neo-natal mortality rate of 16·7 per 1,000 live births, the lowest rate yet recorded. It is of interest, too, that 503 of the neo-natal deaths occurred within a week of birth and were due mainly to congenital malformations, immaturity, asphyxia and atelectasis. The causes of death in the first week of life are closely related to those causing stillbirths and it is useful to consider stillbirths and deaths occurring within the first week together as the "perinatal" death rate. For the year under review the perinatal death rate was 36·2 per 1,000 births.

The overall incidence of infectious disease was high due mainly to 22,493 cases of measles. Two cases of diphtheria were notified, one a young adult and the other a school child, but fortunately neither proved fatal. Whooping cough was rather more in evidence than in the previous year but for the second successive year no deaths occurred. Acute poliomyelitis was less prevalent, only 56 cases being notified—about half the number which occurred in 1958—but the ratio of paralytic to non-paralytic cases increased from 2·9 : 1 to 4·1 : 1. In this connection, however, it is satisfactory to note that the death rate, at 0·001 per 1,000 population, was the lowest for 15 years, there being only two fatalities. On the other hand, scarlet fever showed an appreciable increase in incidence, there being 2,508 cases, the highest number since 1953. The disease, however, remained mild in character and there were no deaths.

At the instigation of the County Council and with the object of ensuring earlier and more specialised treatment, rheumatism in children under the age of 16 years became notifiable as from the 16th February, 1959. In all, 55 cases were confirmed as being of rheumatic origin, equivalent to 0·11 per 1,000 of the child population under 16 years. As untreated rheumatic fever in childhood carries a serious risk of subsequent heart disease in later life, the beneficial effect of securing adequate medical advice and treatment at an early stage will be readily appreciated. The arrangements made ensure a close liaison between the family doctor, the child welfare services of the County Council and the paediatric consultant in the hospital.

New cases of respiratory tuberculosis numbered 1,508 or 70 fewer than in the previous year, giving a case rate of 0·70 per 1,000 population, the lowest rate since 1940. There was also a decrease in the number of non-respiratory cases of tuberculosis from 173 in 1958 to 136 in 1959, the lowest number ever recorded and equivalent to a rate of 0·06 per 1,000 population. At the same time the mortality rates from both forms of tuberculosis reached a new low level, being 0·08 for the respiratory form and 0·01 for the non-respiratory form.

Non-notified fatal tuberculosis cases, however, continue to present a problem, no less than 42 or 23·9 per cent. of the total deaths from this cause having escaped notification during life. Of these, 34 were of respiratory tuberculosis, equivalent to 20·9 per cent. of the deaths from this form of the disease.

Services for the care of mothers and young children were well maintained during the year. Once again an increased number of women attended the antenatal clinics, although there was no marked difference in those attending for post-natal examinations. There has been, over the past few years, a gradual fall in the proportion of premature births to total births, possibly due to improved antenatal care. The numbers attending the relaxation, exercise and mothercraft classes again increased and the value of such classes is becoming more widely recognised and appreciated. The number of child welfare centres increased by five during the year and there was a considerably increased number of attendances by children under five years of age. Whilst there was again a fall in the uptake of two of the national welfare foods, *viz.*, national dried milk and cod liver oil, issues of vitamin tablets and orange juice rose considerably. The number of children attending day nurseries again fell and one nursery was closed during the year on account of reduced demand. It was found necessary during the year to increase the number of diagnostic sessions at the special clinic at Fulwood for the diagnosis of deafness in young children and much good work continued to be done at this clinic. Difficulties in securing professional staff had some effect on the numbers of expectant and nursing mothers and pre-school children attending clinics for dental treatment which showed a slight decline. Financial assistance was given by the County Council in respect of an increased number of unmarried mothers and their children accommodated by various moral welfare societies.

The number of confinements attended by domiciliary midwives showed an increase for the seventh successive year. In one area in an effort to ease the growing pressure on the midwives, a night rota system which was introduced has proved to be popular with the midwives concerned and will be extended where practicable. Analgesia was administered at 91 per cent. of the confinements attended by County Council midwives.

Additional health visitors were recruited during the year permitting an appreciable increase in domiciliary visiting of mothers, children and, in particular, old persons. In fact, visits to old persons and the chronic sick have increased by 76 per cent. in the past five years.

The home nursing service continued its valuable work and although the number of cases attended during the year was slightly less than in the previous year, it is quite evident that more and more of the cases are of longer duration than formerly, primarily due to the increasing numbers of old people requiring attention. In 1959, the average duration of treatment per case was 13·4 weeks as compared with 6·9 weeks in 1952, whilst the average number of visits per case had similarly risen from 22·0 in 1952 to 31·5 in 1959. Increasing use continued to be made of the home nurses' services by hospitals for preparation of patients for operative treatment and x-ray examination.

Despite the great demands made by the campaign for vaccination against poliomyelitis upon the staff available it has been possible to maintain, and even to increase, the immunisation against other infectious diseases. In all, 207,085 persons were vaccinated against poliomyelitis and 233,637 received a " booster " injection ; 28,682 children were immunised against diphtheria and a further 20,169 had a reinforcing dose ; whilst, at the same time, 26,175 children were protected against whooping cough, 20,761 against tetanus and 19,842 against smallpox. Thus the position now is that 65 per cent. of the child population under 15 years are protected against poliomyelitis, 46 per cent. against diphtheria and 40·9 per cent. against whooping cough.

Much good work continued to be done in the field of prevention of tuberculosis, both by the tuberculosis visitors and by means of B.C.G. vaccination, the scope of the latter being extended during the year to additional groups of children and young persons.

The introduction of radio control of the ambulance service into all areas was completed during the year and has resulted in a more efficient service. Despite a reduction in the number of ambulance service vehicles to conform to the radio scheme establishment, the gross mileage of the fleet during 1959 increased by 183,101 to 4,523,648. Two new ambulance stations became operational during the year and work on two others was well advanced by the end of the year. There were increases in both emergency and non-urgent cases conveyed in accordance with section 27 of the National Health Service Act, the latter being 8·2 per cent. greater than in the previous year. In all, 767,389 cases were dealt with involving a case mileage of 4,469,419.

Preliminary steps were taken towards the provision of a comprehensive chiropody service ready for introduction in 1960 for elderly and physically handicapped persons and for expectant mothers.

Health education continued on a large scale and several special campaigns were organised during the year.

The home help service continued to expand, though perhaps rather less rapidly than in previous years, and provided very valuable assistance to those in need, particularly old people. The success of the experimental group scheme for home helps in one Division, whereby a number of aged persons in a limited area are attended by a home help living nearby, resulted in the scheme being extended during the year to cover four districts.

The work of the mental health service continued to develop and care and after-care home visits, which increased in 1958 by more than 33 per cent. over 1957, were further increased over the 1958 figure by rather more than 52 per cent. The informal admission of patients to designated hospitals as provided for under the Mental Health Act, 1959, came into operation in October, 1959. Though the admission of mental defectives to institutions during 1959 showed an appreciable proportionate increase over the figures for the previous year, the shortage of accommodation for such cases continued to be the limiting factor. During the year two training centres in rented premises were closed and replaced by a purpose-built centre, whilst the accommodation at another centre was increased by 16 adult male places. By the end of the year three further training centres were in course of erection, two of which will replace existing centres in rented premises, and schemes were well in hand for the establishment of two centres for adults of both sexes and one for children and adult females to replace an existing centre in rented premises.

Although the number of available places in hostels for the aged and infirm has been increased from 1,374 to 1,518, the overall shortage still presents an acute problem. Four more purpose-built hostels were opened during the year, work on a further six was commenced and the accommodation at two existing hostels increased. At the time same, approval was given to a further 15 schemes of local housing authorities for the provision of special housing for the aged making a total of 37 such schemes approved.

A considerable amount of very useful work continued to be done by both statutory and voluntary services in connection with the visiting and care of old people in their own homes, particularly old people living alone, and the demand for such services has continued to increase. Liaison between voluntary workers and the staff of the County Council is well established.

The teaching of handicrafts to handicapped persons was extended during the year and a further eight social centres for such persons were opened.

Accommodation for homeless families continued to be used to the full, 95 families comprising 406 persons being admitted and 104 families comprising 417 being discharged.

The adulteration rate of food and drugs samples was 4·5 per cent. as compared with 4·9 per cent. in 1958. The extent of milk adulteration was 3·7 per cent. or 0·6 less than in the previous year. Increasing attention was given throughout the year to the inspection and supervision of food and substantial progress was also made in bringing food premises up to the standards required by the Food Hygiene Regulations. For the first time on record not one of the samples of milk taken in the Administrative County either by County or local officers gave a positive result when submitted to the biological test for tuberculosis.

In this introduction it is only possible to refer briefly to a few of the developments which have occurred during the year and members are referred to the body of the Report itself for full and detailed information of the activities of the Public Health and Housing and Health Committees during the period under review.

To the members of both these Committees I would like on behalf of the Department to express thanks for their continued encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
PRESTON.

October, 1960.

VITAL STATISTICS

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County—the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton, in the south-east, is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles ; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Coniston Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portions are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Coniston (the third largest lake in England) and Esthwaite. Two thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred on engineering and allied trades, textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County as constituted on the 31st December, 1959 was 1,033,078 statute acres. No change of boundary affecting the County area took place during the year.

The acreage of each County district, compiled in accordance with the Registrar General's Census of England and Wales, 1951 (County Report—Lancashire) and incorporating all subsequent boundary changes, is given in Table 2, pages 160 to 167.

Population of Administrative County.—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in mental hospitals and persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1959, was 2,151,000, an increase of 22,000 over the estimate for the previous year. Immigration continued to be the major factor contributing to the increase but the *natural* increase (the excess of live births over deaths), which has been growing continuously with the rising birth rate since 1955, was the highest since 1948 and, at 8,397, was 3,643 greater than the average natural increase for the preceding decade, 1949–58.

The Census, 1951, population of the Administrative County in terms of its geographical constitution in 1959 was 2,038,876 (urban districts 1,748,745, rural districts 290,131). The mid-1959 estimates of home population therefore represent increases since the Census of 5·5 per cent., 5·4 per cent. and 6·2 per cent. respectively in the Administrative County, the aggregate urban districts and the aggregate rural districts.

The tabular statement below records the population of the Administrative County and of the aggregates of the urban and rural districts *at the date of the Census, 1951,* together with the Registrar General's estimates of the home populations for each succeeding year. No adjustments have been made for such boundary alterations as took place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1951	2,047,573	—	1,738,047	—	309,526	—
1952	2,042,000	— 5,573	1,730,000	— 8,047	312,000	+ 2,474
1953	2,044,400	+ 2,400	1,729,500	— 500	314,900	+ 2,900
1954	2,051,000	+ 6,600	1,747,000	+ 17,500	304,000	— 10,900
1955	2,068,000	+ 17,000	1,756,800	+ 9,800	311,200	+ 7,200
1956	2,091,000	+ 23,000	1,768,000	+ 11,200	323,000	+ 11,800
1957	2,110,000	+ 19,000	1,777,000	+ 9,000	333,000	+ 10,000
1958	2,129,000	+ 19,000	1,827,000	+ 50,000	302,000	— 31,000
1959	**2,151,000**	**+ 22,000**	**1,843,000**	**+ 16,000**	**308,000**	**+ 6,000**

Table 2, pages 160 to 167, shows the estimated home population of each County district as at the 30th June, 1959, together with the Census, 1951, enumerations duly adjusted for subsequent boundary alterations.

Average Population Densities.—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1959, distributed among the non-county boroughs and the urban and rural districts :—

	* Area in acres, 31.12.1959	Population		Persons per acre	Acres per person
		Census, 1951	Estimated home population mid-1959	Calculated on estimated home population	
Municipal Boroughs (26)	124,972	890,196	897,060	7·18	0·14
Urban Districts (69)	254,614	858,549	945,940	3·72	0·27
Rural Districts (14)	653,491	290,131	308,000	0·47	2·12
Administrative County (109) ...	1,033,078	2,038,876	2,151,000	2·08	0·48

* As supplied by Ordnance Survey Department and given to the nearest acre.

Summary of Vital Statistics, 1889–1959.—The following table compares certain County birth and death rates for the year 1959 with those for the previous year and for the 70 years, 1889–1958, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 *total* (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth rate	Crude death rate	Death rate from tuberculosis of respiratory system	† Death rate from cancer		
Mean of 5 years—						
1889–1893	30·67	19·21	*1·38	—	—	159
1894–1898	28·76	17·35	1·21	—	—	159
1899–1903	26·81	16·31	1·00	*0·60	—	155
1904–1908	24·94	14·66	0·88	0·68	—	136
1909–1913	22·57	13·91	0·84	0·82	—	120
1914–1918	18·53	14·96	0·98	1·03	—	105
1919–1923	19·15	12·92	0·75	1·12	—	87
1924–1928	15·43	12·36	0·63	1·29	—	77
1929–1933	13·65	12·82	0·56	1·45	4·93	70
1934–1938	13·64	12·62	0·45	1·57	4·68	59
1939–1943	15·34	13·20	0·42	1·68	3·13	56
1944–1948	18·29	12·66	0·39	1·87	1·64	46
1949–1953	14·95	12·76	0·25	1·96	0·94	32
1954–1958	15·22	12·80	0·12	2·08	0·75	27
Year—						
1958	16·17	12·85	0·10	2·08	0·45	25·6
1959	**16·59**	**12·68**	**0·08**	**2·08**	**0·52**	**23·7**
Increase or decrease in 1959 on—						
Mean of 5 years, 1954–58...	+ 1·37	— 0·12	— 0·04	nil	— 0·23	— 3
Previous year	+ 0·42	— 0·17	— 0·02	nil	+ 0·07	— 1·9

* Four years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note : The death rates given in this Report for the County area and for the County districts are (except where otherwise stated) " unweighted " or " crude " rates, i.e., they are neither " standardised " nor " corrected."

Principal Vital Statistics relating to Mothers and Infants.—In accordance with the requirements of the Ministry of Health certain statistics for 1959 relating to mothers and infants are set out below :—

Total live births registered	35,682
Live birth rate per 1,000 population—crude	16·59
Live birth rate per 1,000 population—adjusted	16·75
Proportion (per cent.) of illegitimate live births to total live births ...	3·63
Total stillbirths registered	820
Stillbirth rate per 1,000 *total* births	22·5
Total live births and stillbirths	36,502
Total infant deaths (under one year) registered	844
Infant mortality rate per 1,000 live births	23·7
Mortality rate of legitimate infants per 1,000 legitimate live births ...	23·4
Mortality rate of illegitimate infants per 1,000 illegitimate live births	30·9
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births	16·7
Early neo-natal mortality (deaths under one week) rate per 1,000 live births	14·1
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 *total* births	36·2
Total maternal deaths (including deaths from abortion)	19
Maternal mortality rate per 1,000 *total* births	0·52

Births and Birth Rates.—Live Births.—For the fifth successive year there was in 1959 an increase in the number of registered live births belonging to the Administrative County, *i.e.*, after allowing for inward and outward transfers to the areas of normal residence of the mothers. The 35,682 live births thus assigned to the County area were 1,259 more than the corresponding total for the previous year and were, in fact, the highest total recorded since the post-war peak of 40,137 in 1947. Their sex distribution is given below, together with the corresponding figures for each year of the preceding decade :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801
1952	12,927	12,154	25,081	2,174	2,032	4,206	15,101	14,186	29,287
1953	13,373	12,423	25,796	2,296	2,100	4,396	15,669	14,523	30,192
1954	12,862	12,142	25,004	2,178	2,071	4 249	15,040	14,213	29,253
1955	12,922	12,219	25,141	2,389	2,235	4,624	15,311	14,454	29,765
1956	13,771	13,084	26,855	2,598	2,404	5,002	16,369	15,488	31,857
1957	14,467	13,772	28,239	2,833	2,683	5,516	17,300	16,455	33,755
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423
1959	**15,943**	**14,785**	**30,728**	**2,596**	**2,358**	**4,954**	**18,539**	**17,143**	**35,682**

The number of registered live births assigned to each County district, together with the corresponding rates, is given in Table 2, pages 160 to 167.

The 35,682 live births assigned to the Administrative County were equivalent to a crude rate of 16·59 per 1,000 of the estimated home population. This was the highest recorded since 1948, and exceeded by 1·37 per thousand the rate for the preceding five years, 1954–58.

As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each year of the present century are given in Table 1, page 159.

Adjusted Birth Rates.—Local birth rates are usually expressed as proportions of populations. The populations generally used for such statistical purposes are estimated by the Registrar General and, comprising persons of all ages, naturally include many who can have no influence on the reproductive process but do affect the birth rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion in different areas does, in fact, exist and it is therefore apparent that the elimination of such a factor must be effected before a reasonably true comparison can be made, between areas, of those influences having a direct bearing upon reproductivity. A result on these lines is obtained through the compilation and issue by the Registrar General of a comparability factor for each area for use with birth rates, and the adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales. In the factors for 1957 and subsequent years an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally deficient.

The comparability factor for each County district is given in Table 3, page 168. The factor for the Administrative County in 1959 was reduced from 1·02 to 1·01, as was that for the aggregate of urban districts. On the other hand the factor for the rural districts was raised from 1·04 in 1958 to 1·07 in 1959. The effect of these upon the crude live birth rates for 1959 may be seen in the following table which shows both the crude and adjusted rates for the urban, the rural and the Administrative County areas for each of the last 10 years. The live birth rates for England and Wales are also given.

	Live birth rate per 1,000 of the estimated home population									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Urban Districts :										
Crude	15·22	14·79	14·50	14·92	14·33	14·31	15·19	15·89	16·17	16·67
Adjusted	**15·37**	**14·94**	**14·64**	**15·06**	**14·76**	**14·74**	**15·49**	**16·21**	**16·49**	**16·84**
Rural Districts :										
Crude	14·09	13·56	13·40	13·96	13·81	14·86	15·49	16·56	16·18	16·08
Adjusted	**15·22**	**14·64**	**15·01**	**15·63**	**15·19**	**16·34**	**16·42**	**17·39**	**16·83**	**17·21**
Administrative County :										
Crude	15·06	14·61	14·33	14·77	14·25	14·39	15·24	16·00	16·17	16·59
Adjusted	**15·36**	**14·90**	**14·61**	**15·06**	**14·82**	**14·97**	**15·69**	**16·32**	**16·49**	**16·75**
England and Wales	**15·8**	**15·5**	**15·3**	**15·5**	**15·2**	**15·0**	**15·7**	**16·1**	**16·4**	***16·5**

* Provisional figure.

During the post-war period the proportion of persons of the reproductive ages in the population of the Administrative County has been slightly low so that the comparability factor has always been above unity, producing adjusted rates which in recent years at least have not differed significantly from the corresponding rates for the whole country. It is therefore a new experience to see the crude rate for the County in 1959 exceeding that for England and Wales. However, neither this nor the adjusted rate of 16·75 per thousand show a statistically significant increase over the national rate although the tendency for the County adjusted rate to overhaul and to exceed the national rate during the past decade is clearly discernible in the above figures.

Illegitimate Live Births.—The number of births of illegitimate children registered during 1959 and belonging to the Administrative County is shown below, together with that for each of the previous 10 years :—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1949	1,291	—182	—12·4	4·00
1950	1,154	—137	—10·6	3·74
1951	1,119	— 35	— 3·0	3·75
1952	1,109	— 10	— 0·9	3·79
1953	1,056	— 53	— 4·8	3·50
1954	991	— 65	— 6·2	3·39
1955	1,047	+ 56	+ 5·7	3·52
1956	1,140	+ 93	+ 8·9	3·58
1957	1,241	+101	+ 8·9	3·68
1958	1,142	— 99	— 8·0	3·32
1959	**1,296**	**+154**	**+13·5**	**3·63**

The illegitimacy rate of 3·63 per cent. represented an appreciable increase over the post-war low record established in 1958 and was 0·13 per cent. above the rate for the preceding five years, 1954–58.

Stillbirths.—The number of stillbirths assigned to the Administrative County in 1959 was identical to that recorded in the previous year, *i.e.*, 820. Associated with the greater number of live births registered in 1959, however, it represented a reduction of 0·8 per 1,000 total births as compared with the stillbirth rate for 1958, the resultant rate of 22·5 per thousand being the lowest ever recorded for the Administrative County. However, it continued to compare unfavourably with the provisional rate for England and Wales which was 21·0 per 1,000 total births. Expressed per 1,000 of the estimated home population, the stillbirth rate for the Administrative County was 0·38 and that for the whole country 0·35.

The local variation in the stillbirth rates in the County districts is shown in Table 2, pages 160 to 167.

Deaths and Death Rates.—The total number of deaths from all causes registered in 1959 and assigned to the Administrative County was 27,285, a decrease of 67 as compared with the previous year. Their distribution by sex is shown below, together with that for each of the preceding five years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1954	11,387	10,951	22,338	1,856	1,752	3,608	13,243	12,703	25,946
1955	11,877	11,295	23,172	1,880	1,729	3,609	13,757	13,024	26,781
1956	11,656	11,250	22,906	1,912	1,780	3,692	13,568	13,030	26,598
1957	11,887	11,409	23,296	2,018	1,794	3,812	13,905	13,203	27,108
1958	12,088	11,441	23,529	2,028	1,795	3,823	14,116	13,236	27,352
1959	**11,810**	**11,777**	**23,587**	**1,965**	**1,733**	**3,698**	**13,775**	**13,510**	**27,285**

The following table analyses by age group the annual deaths since 1950, when records of civilian and service mortality were first recombined after the war.

Year	Deaths in age periods								Total
	0–	1–	5–	15–	25–	45–	65–	75–	
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270
1952	887	146	131	192	1,188	6,169	7,386	8,893	24,992
1953	880	177	123	189	1,156	6,218	7,215	8,923	24,881
1954	846	101	156	203	1,138	6,265	7,542	9,695	25,946
1955	791	135	154	164	1,128	6,545	7,545	10,319	26,781
1956	867	120	122	183	1,072	6,490	7,511	10,233	26,598
1957	850	159	148	177	1,068	6,727	7,668	10,311	27,108
1958	881	122	128	191	1,062	6,618	7,635	10,715	27,352
1959	844	**125**	**135**	**237**	960	**6,577**	**7,695**	**10,712**	**27,285**

The most apparent feature of the age analysis for 1959 — and a gratifying one — is the decline in deaths at ages under one year at a time when the number of births was increasing appreciably. The 844 deaths in this group, in fact, represented the lowest infant mortality rate ever recorded in the Administrative County. Some slight increase in deaths in the pre-school and school age groups was not to be entirely unexpected in view of their expanding populations. In point of fact the numerical increases resulted in a decline in mortality in the group aged 1–4 years inclusive from 1·00 per thousand in 1958 to 0·99 in 1959 and an increase in the group aged 5–14 inclusive from 0·39 to 0·41.

The deaths in 1959 of all children under 15 years of age amounted to 4·0 per cent. of the total at all ages, 3·1 per cent. of this being contributed by deaths of infants aged less than one year. Of all deaths, 91·6 per cent. occurred at the age of 45 years or over, 67·5 per cent. at 65 years or over and 39·3 per cent. at 75 years or over.

A classified statement of the causes of death in 1959, by age group and sex, for the Administrative County and the aggregates of the urban and rural districts is given in Table 5, page 174. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar General on the Sixth Revision of the International Lists, are given in Table 4, pages 169 to 173, and total deaths by sex are shown for each district in Table 2, pages 160 to 167.

The 27,285 deaths assigned to the Administrative County in 1959 were equivalent to a crude mortality rate of 12·68 per 1,000 of the estimated home population, the lowest since 1954. Compared with the rate for the previous year it represented a reduction of 0·17 per thousand and, with the rate for the preceding five years, 1954–58, a reduction of 0·12. The annual crude death rates for the last 50 years and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 159.

Adjusted death rates.—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution. In order to compare the mortality factors operating in one area with whose of other areas, it is first necessary to identify and remove the population variable in each case and in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales, inasmuch as each is considered to reflect differences only in the intensity of the mortality factors operating. The comparability factor for each County District is given in Table 3 on page 168, whilst the crude and adjusted rates are shown in Table 2, pages 160 to 167.

The 1959 factor for the Administrative County was 1·09, for the aggregate of urban districts 1·10 and for the rural districts 1·00, the last mentioned being the only post-war instance of any of the three factors being as low as unity. Their effect upon the crude rates for 1959 may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each of the last 10 years. The death rates for England and Wales are also given.

	Death rate per 1,000 of the estimated population									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Urban Districts :										
Crude	13·18	14·23	12·65	12·34	12·80	13·19	12·96	13·11	12·95	12·80
Adjusted	**13·31**	**14·37**	**12·78**	**12·46**	**13·06**	**13·45**	**13·86**	**14·16**	**13·99**	**14·08**
Rural Districts :										
Crude	10·88	11·76	9·89	11·25	11·72	11·60	11·43	11·45	12·23	12·01
Adjusted	**11·21**	**12·11**	**10·49**	**11·92**	**12·31**	**12·18**	**12·34**	**12·48**	**12·84**	**12·01**
Administrative County :										
Crude	12·84	13·85	12·23	12·17	12·64	12·95	12·72	12·85	12·85	12·68
Adjusted	**13·10**	**14·13**	**12·47**	**12·41**	**12·89**	**13·21**	**13·74**	**14·00**	**13·87**	**13·83**
England and Wales	**11·6**	**12·5**	**11·3**	**11·4**	**11·3**	**11·7**	**11·7**	**11·5**	**11·7**	***11·6**

* Provisional figure.

Principal Causes of Death.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and vascular lesions of the nervous system. The relative importance of these and of the other principal causes of death in 1959 is shown in the following table :—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms)	8,874	32·5
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	4,466	16·4
Vascular lesions of nervous system	4,345	15·9
Bronchitis	1,607	5·9
Violence (including all accidents, suicide and homicide)	1,283	4·7
Other circulatory disease	1,198	4·4
Pneumonia (including pneumonia of newborn)	1,159	4·2
Influenza	424	1·6
Other diseases of respiratory system (excluding tuberculosis)	244	0·9

The above order undergoes little change from year to year, particularly so far as the first four causes are concerned. An appreciable rise in deaths attributable to vascular lesions of the nervous system, however, brought this cause nearer to displacing cancer as second in importance than it has ever been since the introduction of the new Short List in 1950. The various diseases of the respiratory system (except tuberculosis) assumed a rather greater importance than they had in the previous year but the contribution of tuberculosis in all its forms to the annual mortality toll continued its decline to such effect that in 1959 it claimed even less victims than either ulcer of the stomach and duodenum or diabetes.

In the following paragraphs further details are given of the chief causes of death. Unless otherwise stated, the death rates quoted are not standardised in any way.

Heart Diseases.—The deaths classified to the heart diseases as grouped in the Registrar General's Short List and assigned to the Administrative County in 1959 are shown in the following table, together with the resultant death rates per 1,000 of the estimated home population and the corresponding figures for the previous five years.

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total—all forms	
	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate
1954	3,342	1·63	605	0·29	4,825	2·35	8,772	4·27
1955	3,524	1·70	594	0·29	4,899	2·37	9,017	4·36
1956	3,774	1·80	609	0·29	4,565	2·18	8,948	4·28
1957	3,905	1·85	664	0·31	4,482	2·12	9,051	4·29
1958	4,477	2·10	628	0·29	4,498	2·11	9,603	4·51
1959	**4,393**	**2·04**	**552**	**0·26**	**3,929**	**1·83**	**8,874**	**4·13**

The mortality rate from all forms of heart disease, at 4·13 per 1,000 of the estimated home population, was the lowest since 1953 and was 0·21 per thousand less than the average rate for the five years 1954–58. The decline in mortality was common to the three sub-groups, the rate for " other heart disease " again being the lowest since the introduction of the classifications in 1950 and that for " hypertension with heart disease " the lowest since 1953. The reduction in mortality classified to " coronary disease, angina " was relatively small and certainly insufficient to offset the great upswing recorded in the previous year so that the resultant rate of 2·04 per thousand, whilst improving by 0·06 upon that for 1958, still exceeded by a considerable margin all the earlier rates. This cause, therefore, continued to increase its proportionate contribution to total heart disease mortality to the extent that in 1959 virtually one in every two deaths due to heart disease was more specifically classifiable to " coronary disease, angina " compared with a ratio in 1950 of rather less than one in three.

The distribution by age group and sex of the deaths in the Administrative County classified annually since 1950 to " coronary disease, angina " is given below :—

Year	Deaths, by age periods, classified to coronary disease, angina											
	Under 45			45–			65–			75–		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950	49	13	62	734	221	955	658	368	1,026	365	283	648
1951	54	10	64	791	231	1,022	711	444	1,155	390	283	673
1952	53	13	66	817	263	1,080	743	440	1,183	443	340	783
1953	64	11	75	803	275	1,078	735	448	1,183	399	377	776
1954	83	19	102	899	222	1,121	761	474	1,235	486	398	884
1955	56	12	68	914	277	1,191	814	501	1,315	515	435	950
1956	86	14	100	1,005	286	1,291	829	519	1,348	531	504	1,035
1957	73	12	85	1,028	284	1,312	850	577	1,427	553	528	1,081
1958	99	13	112	1,112	341	1,453	939	619	1,558	702	652	1,354
1959	**86**	**15**	**101**	**1,115**	**359**	**1,474**	**928**	**619**	**1,547**	**613**	**658**	**1,271**

The trend of crude mortality from all forms of heart disease in the Administrative County during the past 20 years is shown in the following table :—

Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1940	6,571	3·45	1950	9,145	4·47
1941	5,960	3·10	1951	9,543	4·68
1942	5,884	3·12	1952	8,579	4·20
1943	6,150	3·32	1953	8,326	4·07
1944	6,311	3·43	1954	8,772	4·27
1945	6,641	3·62	1955	9,017	4·36
1946	6,873	3·57	1956	8,948	4·28
1947	7,420	3·78	1957	9,051	4·29
1948	7,148	3·56	1958	9,603	4·51
1949	8,328	4·12	**1959**	**8,874**	**4·13**

The numbers of deaths classified to the three groups of heart diseases and assigned to each County District in 1959 are shown in Table 4, pages 169 to 173. Table 5, page 174, shows the total by age group and sex for the aggregate urban districts, the aggregate rural districts and the Administrative County.

Malignant Neoplasms, including Neoplasms of Lymphatic and Haematopoietic Tissues.—This group of causes is included in the Registrar General's Short List under the headings used in the table below, which gives particulars of deaths assigned to the Administrative County in each of the years 1954–59 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total—all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1954	M.	386	602	6	—	1,104	53	2,151
	F.	357	106	390	184	942	46	2,025
	T.	743	708	396	184	2,046	99	4,176
1955	M.	398	668	6	—	1,122	41	2,235
	F.	331	85	380	185	977	40	1,998
	T.	729	753	386	185	2,099	81	4,233
1956	M.	380	692	2	—	1,098	60	2,232
	F.	325	120	423	207	1,011	44	2,130
	T.	705	812	425	207	2,109	104	4,362
1957	M.	438	764	4	—	1,094	55	2,355
	F.	335	141	393	214	992	55	2,130
	T.	773	905	397	214	2,086	110	4,485
1958	M.	394	745	3	—	1,122	61	2,325
	F.	341	128	398	222	972	44	2,105
	T.	735	873	401	222	2,094	105	4,430
1959	M.	**424**	**780**	**3**	**—**	**1,082**	**52**	**2,341**
	F.	**342**	**112**	**399**	**205**	**1,008**	**59**	**2,125**
	T.	**766**	**892**	**402**	**205**	**2,090**	**111**	**4,466**

Increases in deaths of males from malignant neoplasm of the stomach and of the lung were mainly responsible for the comparatively small rise in total deaths from all forms of cancer. Whilst the number of deaths of females from cancer of the lung was lower than it had been for three years, that of males was the highest yet recorded.

Of the total deaths from all causes assigned to the Administrative County in 1959 the 4,466 classified to all forms of cancer represented 16·4 per cent. and were equivalent to a rate of 2·08 per 1,000 of the estimated home population, the same as that for the preceding year and for the five years 1954–58. This compared favourably with the corresponding provisional rate for England and Wales which was 2·14 per thousand. The movement since 1950 of the crude rates for the Administrative County and for its constituent grouped urban and rural areas is shown in the following table, together with the corresponding rates for England and Wales:—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1950	2·03	1·65	1·97	1·95
1951	2·01	1·65	1·95	1·96
1952	2·09	1·57	2·01	1·99
1953	2·10	1·72	2·04	1·99
1954	2·08	1·75	2·03	2·04
1955	2·12	1·66	2·05	2·06
1956	2·15	1·74	2·09	2·08
1957	2·18	1·84	2·13	2·09
1958	2·11	1·91	2·08	2·12
1959	**2·11**	**1·90**	**2·08**	***2·14**

* Provisional figure

The numbers of deaths assigned to each County District and classified to the six groups of causes comprising the above heading are given in Table 4, pages 169 to 173. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age group in Table 5, page 174.

Vascular Lesions of the Nervous System.—There was a large increase in mortality ascribed to this group of causes during 1959, the 4,345 deaths being 234 more than the total for the previous year and 258 more than the annual average for the preceding five years, 1954–58. They amounted to 15·9 per cent. of the total deaths from all causes and were equivalent to a rate of 2·02 per 1,000 of the estimated home population, the highest yet recorded.

This condition is one closely associated with old age and in 1959 persons aged 65 years and over accounted for 81·5 per cent. of the total deaths so classified. Whilst the greater part of the increase over 1958 was attributable to deaths in this age group—and particularly in the group aged 65–74 years—such increase was, in fact, common to all age/sex groups with no great proportionate variation. The distribution by age group and sex of the deaths due to vascular lesions of the nervous system and assigned to the Administrative County in 1959 and each of the preceding five years is given in the following table :—

Year	Age in years														
	0–			45–			65–			75–			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1954	33	30	63	382	383	765	618	825	1,443	641	1,027	1,668	1,674	2,265	3,939
1955	29	36	65	362	381	743	579	747	1,326	788	1,137	1,925	1,758	2,301	4,059
1956	25	34	59	357	428	785	549	745	1,294	759	1,235	1,994	1,690	2,442	4,132
1957	41	28	69	374	371	745	599	747	1,346	772	1,261	2,033	1,786	2,407	4,193
1958	33	32	65	362	342	704	560	735	1,295	785	1,262	2,047	1,740	2,371	4,111
1959	**34**	**37**	**71**	**363**	**369**	**732**	**598**	**800**	**1,398**	**834**	**1,310**	**2,144**	**1,829**	**2,516**	**4,345**

The deaths from vascular lesions of the nervous system assigned to each County district during 1959 are shown in Table 4, pages 169 to 173, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age group in Table 5, page 174.

Bronchitis.—The number of deaths classified to bronchitis and assigned to the Administrative County in 1959 was 1,607. This represented a decrease of 29 as compared with the total for the previous year but was still 62 in excess of the average for the preceding five years, 1954–58. The resultant mortality rate of 0·75 per 1,000 of the estimated home population was 0·02 less than that for 1958, the corresponding decreases which were recorded for the aggregates of the urban and of the rural areas being by 0·02 to 0·79 and by 0·03 to 0·48 per thousand respectively. Of the 1,607 deaths, which amounted to 5·9 per cent. of the total from all causes, 1,114 or 69·3 per cent. were of persons aged 65 years or more.

Violence.—Deaths from violence are divided into four groups in the Registrar General's Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1959 and the five preceding years are shown in the following table :—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total—all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1954	147	61	208	318	305	623	165	97	262	6	3	9	636	466	1,102
1955	149	56	205	333	338	671	165	99	264	11	1	12	658	494	1,152
1956	177	64	241	297	309	606	187	113	300	14	3	17	675	489	1,164
1957	171	42	213	316	282	598	174	106	280	19	9	28	680	439	1,119
1958	201	67	268	360	301	661	191	113	304	12	5	17	764	486	1,250
1959	**214**	**101**	**315**	**332**	**330**	**662**	**170**	**120**	**290**	**10**	**6**	**16**	**726**	**557**	**1,283**

The increase in mortality from all forms of violence which was experienced in 1959 was due entirely to the rise in deaths as a result of motor vehicle accidents, deaths by suicide showing a small decline and those in the other two groups being virtually unchanged as compared with the previous year. The 1,283 deaths produced a mortality rate of 0·60 per 1,000 of the estimated home population which, in succession to the corresponding rate of 0·59 in 1958, was the highest recorded since the effects of the " blackout " and operations of war produced rates of 0·81 and 0·82 in 1940 and 1941 respectively.

Likewise, the rate of 0·15 per thousand resulting from the 315 deaths attributed to motor vehicle accidents was higher than any recorded since the classification was introduced in 1950 and exceeded any under the former classification of " road traffic accidents " since the abnormal conditions of 1940 and 1941 were reflected in annual rates of 0·17 per thousand.

The 290 deaths due to suicide were 14 fewer than the total for the preceding year but eight in excess of the annual average for the previous five years, 1954–58. The resultant rate, at 0·13 per 1,000 of the estimated home population, was 0·01 less than that for 1958.

During the decade in which deaths from violence have been analysed in the groups indicated above, there has been an obvious, though not always continuous, increase in numbers in all groups except the very small one relating to homicide and operations of war. In illustration, the differences between the annual averages for the first and second quinquennia represented increases of 29 per cent. in the case of " all other " accidents, 27 per cent. in the case of suicide and 22 per cent. for motor vehicle accidents.

Other Circulatory Disease.—This classification, which covers all diseases of the circulatory system except the heart diseases mentioned earlier, accounted in 1959 for 1,198 deaths, three less than in 1958 but 36 more than the annual average for the preceding five years, 1954–58. This group of causes is usually the one most closely related to the older age groups and in the year under report some 82 per cent. of the deaths classified thereto were of persons aged 65 years or more. The 1,198 deaths amounted to 4·4 per cent. of the total from all causes and were equivalent to a rate of 0·56 per 1,000 of the estimated home population, the same as that for the previous year.

Pneumonia.—Deaths in 1959 from pneumonia numbered 1,159, an increase of 89 over the total for the previous year and of 213 over the annual average for the preceding five years, 1954–58. The resultant rate of 0·54 per 1,000 of the estimated home population was the highest recorded for 16 years, the previous highest being that of 0·58 per 1,000 of the estimated civilian population in 1943. Of the 1,159 deaths, which amounted to 4·2 per cent. of the total from all causes, 768 or 66·3 per cent. were of persons aged 65 years or over and a further 126 or 10·9 per cent. were of infants under one year of age.

Influenza.—Not normally a cause of heavy mortality, influenza was raised by an epidemic in the early part of the year to the position of eighth amongst the major causes. Whilst there is considerable fluctuation from year to year in the level of mortality, as is to be expected from the variable incidence and nature of the disease, there have been during the last 10 years three occasions when such level could be considered truly abnormal—1951, when a heavy epidemic caused 1,181 deaths producing a rate of 0·58 per 1,000 of the estimated population ; 1957, when 418 deaths resulted in a rate of 0·20, and the year now under report in which influenza caused 424 deaths with a rate of 0·20. Of the 424 deaths in 1959, 298 or 70·3 per cent. were of persons aged 65 years or more.

Transferable Deaths.—During the year under review, the following transfers were made—9,495 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts ; 7,408 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—The number of deaths classified to " pregnancy, childbirth, abortion " and assigned to the Administrative County in 1959 was 19, three more than in 1958. The resultant rate of 0·52 per 1,000 total (live and still) births was 0·07 higher than the low record established in 1958 but compared favourably with any other rate previously recorded. It was, however, 0·14 per thousand above the provisional rate for England and Wales which, at 0·38, was the lowest on record.

The following table illustrates the trend of maternal mortality in the Administrative County and England and Wales during the decade prior to the year under report :—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1949	33,143	32	0·97	0·97
1950	31,619	31	0·98	0·87
1951	30,553	21	0·69	0·82
1952	30,039	24	0·80	0·72
1953	30,957	39	1·26	0·75
1954	30,052	27	0·90	0·70
1955	30,558	40	1·31	0·64
1956	32,710	19	0·58	0·56
1957	34,608	20	0·58	0·47
1958	35,243	16	0·45	0·43
1959	**36,502**	**19**	**0·52**	***0·38**

* Provisional figure.

Whilst the Registrar General in his Short List groups all deaths from maternal causes under the one heading, "pregnancy, childbirth, abortion," the 19 deaths so classified amongst residents of the Administrative County during 1959 can be identified in local records, and the following statement analyses them by cause in accordance with the International Lists and compares them with the corresponding analysis for the previous year.

Cause of death	No. of deaths 1958	1959
Complications of pregnancy—		
Toxaemias of pregnancy (642)	1	4
Other complications arising from pregnancy (648)	—	1
Abortion—		
Abortion without mention of sepsis or toxaemia (650)	1	—
Abortion with sepsis (651)	1	2
Abortion with toxaemia, without mention of sepsis (652)	1	1
Delivery with specified complication—		
Delivery complicated by placenta praevia or antepartum haemorrhage (670)	1	—
Delivery complicated by retained placenta (671)	1	1
Delivery complicated by other postpartum haemorrhage (672)	1	1
Delivery complicated by disproportion or malposition of foetus (674)	—	1
Delivery with other trauma (677)	1	1
Delivery with other complications of childbirth (678)	1	4
Complications of the puerperium—		
Sepsis of childbirth and the puerperium (681)	2	1
Puerperal phlebitis and thrombosis (682)	2	—
Puerperal pulmonary embolism (684)	3	1
Puerperal eclampsia (685)	—	1
TOTAL—all causes	16	19

Investigation of Maternal Deaths.—Under instructions of the Minister of Health each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—The 844 deaths of infants aged less than one year which were assigned to the Administrative County in 1959 were 37 fewer than in the previous year and, related to the increased live births, corresponded to a new low record rate of 23·7 per 1,000. This was 1·5 per thousand less than the previous record established in 1957 and 2·9 below the average for the preceding five years, 1954–58. The 844 infant deaths amounted to 3·1 per cent. of the total deaths at all ages and, expressed in terms of estimated home population, were equivalent to a rate of 0·39 per 1,000.

The following table shows the County, urban and rural infant death rates for 1959 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of those for England and Wales for the years 1949–56 inclusive, which are based on *related* live births.

	Rate of deaths of children under 1 year per 1,000 live births										
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	**1959**
Urban Districts	39·3	32·9	28·9	30·9	28·9	29·0	25·9	27·3	25·3	25·5	**23·8**
Rural Districts	32·4	30·6	30·7	26·4	30·5	28·7	30·1	26·6	24·5	26·3	**22·8**
Administrative County	38·4	32·6	29·2	30·3	29·1	28·9	26·6	27·2	25·2	25·6	**23·7**
England and Wales	32·4	29·6	29·7	27·6	26·8	25·4	24·9	23·8	23·1	22·6	***22·2**

* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 159.

Mortality of Illegitimate Infants.—The following table shows the differential incidence of mortality during 1959 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County :—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1954	28·6	38·3	29·0	27·7	68·0	28·7	28·5	41·4	28·9
1955	25·7	31·5	25·9	29·6	47·2	30·1	26·3	33·4	26·6
1956	27·0	35·0	27·3	25·9	50·0	26·6	26·9	36·8	27·2
1957	25·4	23·8	25·3	23·8	47·3	24·5	25·1	26·6	25·2
1958	25·7	18·8	25·5	25·8	46·5	26·3	25·7	21·9	25·6
1959	**23·5**	**31·0**	**23·8**	**22·6**	**29·4**	**22·6**	**23·4**	**30·9**	**23·7**

Neo-natal Mortality.—The number of deaths of infants at ages of less than four weeks which were registered and assigned to the Administrative County in 1959 was 596. They amounted to 70·6 per cent. of the total infant deaths and were equivalent to a neo-natal mortality rate of 16·7 per 1,000 live births. Like the infant mortality rate this was the lowest on record but still compared unfavourably with the corresponding rate for England and Wales which, at 15·8 per thousand, was also a low record.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts are given in the following table for each year from 1950, when particulars of neo-natal deaths were first issued by the Registrar General. The rates for England and Wales per 1,000 live births are also shown.

	Rate of deaths of children aged less than four weeks per 1,000 live births									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	**1959**
Urban Districts ...	20·0	18·8	20·5	19·9	20·6	18·8	19·3	17·7	18·3	**16·5**
Rural Districts ...	18·9	20·5	20·2	23·2	21·2	21·0	19·0	17·4	18·2	**17·8**
Administrative County	19·9	19·0	20·4	20·4	20·6	19·2	19·2	17·6	18·2	**16·7**
England and Wales	18·5	18·9	18·3	17·7	17·7	17·2	16·8	16·5	16·2	***15·8**

* Provisional figure.

Early Neo-natal Mortality.—For 1959 for the first time the Registrar General made available to local medical officers of health particulars of infant deaths at ages less than one week on the same basis as that supplied in previous years for neo-natal deaths. The number of such early neo-natal deaths assigned to the Administrative County was 503, representing 84·4 per cent. of all neo-natal deaths and 59·6 per cent. of total infant deaths. The resultant rate per 1,000 live births was 14·1.

Causes of Infant and Neo-natal Deaths.—No classification by cause is provided by the Registrar General for the registered neo-natal and early neo-natal deaths assigned to local areas, and a reference to Table 5, page 174, shows that the group classifications of the Registrar General's Short List of 36 Causes are unsatisfactory for the analysis of deaths at ages under one year, considerably more than a half of such infant deaths being shown to be due to " other defined and ill-defined diseases." A more satisfactory classification of the causes of infant and neo-natal mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i.) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered* ; (ii.) the former analysis may be deficient in isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer ; (iii.) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.

Compared with the 503 early neo-natal, 596 neo-natal and 844 infant deaths registered in 1959 and assigned by the Registrar General to the Administrative County the local analyses show respective totals of 506, 598 and 826. These were classified by cause group as follows :—

Cause of death	Early neo-natal deaths	Neo-natal deaths	Infant deaths
Meningococcal infection	—	—	5
Pneumonia	22	42	118
Bronchitis	1	1	12
Other diseases of respiratory system	—	—	1
Gastritis, enteritis and diarrhoea	1	4	18
Congenital malformations	72	103	169
Of circulatory system	*24*	*32*	*59*
Spina bifida and meningocele	*14*	*27*	*45*
Congenital hydrocephalus	*5*	*8*	*16*
Of digestive system	*6*	*9*	*12*
Monstrosity	*11*	*11*	*11*
Of genito-urinary system	*2*	*3*	*5*
Other	*10*	*13*	*21*
Birth injuries	68	71	71
Intracranial and spinal injury	*55*	*58*	*58*
Other	*13*	*13*	*13*
Post-natal asphyxia and atelectasis	143	146	148
Infections of the newborn	6	8	9
Other diseases peculiar to early infancy	182	200	203
Immaturity, unqualified	*141*	*154*	*154*
Haemolytic disease of newborn (erythroblastosis)	*18*	*20*	*20*
Ill-defined diseases peculiar to early infancy	*13*	*13*	*15*
Haemorrhagic disease of newborn	*6*	*8*	*8*
Immaturity with other subsidiary condition	*4*	*5*	*5*
Nutritional maladjustment	—	—	*1*
All other causes	11	23	72
TOTAL—all causes	506	598	826

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1959 are given in Table 2, pages 160 to 167.

Perinatal Mortality.—This term is now in general use to describe the total loss of infant life shortly before, during and shortly after birth, represented by all stillbirths in combination with early neo-natal deaths. The perinatal mortality rate expresses the total of such events as a proportion per 1,000 total (live and still) births and the 1959 rate for the Administrative County produced by the 820 stillbirths and 503 early neo-natal deaths was 36·2.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Smallpox.—For the sixth successive year no case of smallpox was notified within the Administrative County area.

Diphtheria.—Although in the last four years notifications of cases of diphtheria have been reduced almost to the point of elimination, it is still not possible to report in 1959 the complete absence of the disease. There were, in fact, two notified cases, one a male in the age group 15–24 years and the other a female of school age who was reported to have had a complete course of immunisation against diphtheria at some time previously. There were no deaths.

Whooping Cough.—The 2,615 cases of whooping cough notified in 1959 were considerably fewer than the annual incidence experienced prior to 1958 but were 1,221 more than the low record of 1958. The resultant attack rate of 1·22 per 1,000 of the estimated home population, although 0·57 above that for 1958, represented an improvement upon any recorded previously since the disease became compulsorily notifiable in February, 1940. For the second successive year there were no deaths classified to this cause.

Measles (*excluding rubella*).—Following the low incidence of measles in 1958 there were 22,493 cases notified in 1959, an increase of 12,165 over the total for the preceding year and over 6,000 more than the annual average since this disease was made compulsorily notifiable in 1940. The resultant attack rate of 10·46 per 1,000 of the estimated home population was 5·61 per thousand greater than that for 1958 but was 1·42 below the provisional 1959 rate for England and Wales. Five deaths from this cause were assigned to the Administrative County, four of children of pre-school age and one of school age. The corresponding mortality rate of 0·002 per thousand was the highest since 1955.

Meningococcal Infection.—The 53 cases of meningococcal infection notified during 1959 represented an increase of 25 over the total for the preceding year but virtually corresponded with the annual average since 1950 when, for notification purposes, cerebro-spinal fever lost its identity and was merged into the wider group nomenclature since used. They were equivalent to an attack rate of 0·02 per 1,000 of the estimated home population, the same as that for the whole country. Ten deaths occurred, the same as in the previous year, and the mortality rate remained for the third successive year at 0·005 per thousand. On the other hand, the case fatality rate declined from 35·7 per cent. in 1958 to 18·9 per cent. in 1959.

Acute Poliomyelitis.—There was a considerable decline in the incidence of acute poliomyelitis during 1959, 56 cases being notified as compared with 101 in the previous year. The attack rate of 0·03 per 1,000 of the estimated population was less than any recorded since 1954 when the incidence was similar. Seventy-nine of the 109 County districts were entirely free from the disease throughout the year. Of the 56 notified cases 45 were paralytic, giving a ratio of paralytic to non-paralytic cases of 4·1 : 1. This was an appreciably wider ratio than is normal, the average for the 10 years 1950–59 being 2·5 : 1.

Whilst the outcome of a successful vaccination or immunisation campaign is the eventual reduction of the effects upon the community of the disease against which it is aimed, there is little indication in the experience of 1959 as to the relationship between the reduced incidence of poliomyelitis in that year and the intensive programme of vaccination against the disease which has been carried out in the last three years. The 56 cases notified in 1959 represented only a half of the average annual incidence for the preceding five years but, as already indicated above, gave a similar incidence to that of 1954. In total, therefore, they were consistent with the degree of random fluctuation already experienced prior to the initiation of the vaccination programme. Of the child population of the Administrative County some 65 per cent. had been protected by vaccination by the end of 1959, whereas only about six per cent. of the adult population were similarly protected. Such effects as the vaccination scheme has had might therefore be expected to manifest themselves in the incidence amongst the child population, and particularly in the school age population where the vaccination state amounted to 70·8 per cent. as compared with 53·2 per cent. of the children under five years of age. In actual fact, compared with the low incidence of 1954 there was an increase of 10 per cent. in cases amongst pre-school children and decreases of around 30 per cent. amongst both school children and adults, although the numbers involved were too small to be statistically significant. Compared with the average annual incidence for the preceding five years, 1954–58, the notifications in 1959 represented decreases in these age groups of 19 per cent., 65 per cent. and 75 per cent. respectively. Whilst it is apparent, therefore, that there is as yet insufficient experience to assess the effect of the protection afforded by vaccination to the population of the Administrative County, it is of interest to note that despite the higher proportion of paralytic cases the number of deaths assigned to the Administrative County in 1959 and classified to acute poliomyelitis was only two, producing a rate of 0·001 per 1,000 of the estimated home population, the lowest recorded for 15 years.

The following table gives particulars of the notifications of and deaths from acute poliomyelitis in the Administrative County during the last 10 years :—

Year	Cases notified			Attack rate per 10,000 population			No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.	Deaths as a percentage of paralytic cases
	Total	Paralytic								
		No.	% of total	Total	Paralytic	Non-paralytic				
1950	160	125	78·1	0·78	0·61	0·17	18	0·09	11·3	14·4
1951	83	59	71·1	0·41	0·29	0·12	10	0·05	12·0	16·9
1952	55	43	78·2	0·27	0·21	0·06	8	0·04	14·5	18·6
1953	132	98	74·2	0·65	0·48	0·17	8	0·04	6·1	8·2
1954	63	40	63·5	0·31	0·19	0·11	4	0·02	6·3	10·0
1955	130	93	71·5	0·63	0·45	0·18	4	0·02	3·1	4·3
1956	174	98	56·3	0·83	0·47	0·36	9	0·04	5·2	9·2
1957	96	74	77·1	0·45	0·35	0·10	5	0·02	5·2	6·8
1958	101	75	74·3	0·47	0·35	0·12	9	0·04	8·9	12·0
1959	56	45	80·4	0·26	0·21	0·05	2	0·01	3·6	4·4
1950–59	1,050	750	71·4	0·51	0·36	0·14	77	0·04	7·3	10·3

Acute Encephalitis.—Five cases of acute encephalitis were notified in the Administrative County during 1959—four infective and one post-infectious. This was the lowest total since a similar incidence was recorded in 1950, the year in which the disease first became notifiable under this particular group nomenclature, and amounted to a half of the annual average for the nine years, 1950–1958.

Scarlet Fever.—For the second successive year after the record low incidence of 1957 there was an appreciable increase during 1959 in notifications of scarlet fever, the 2,508 cases being 523 more than the total for the previous year. The attack rate accordingly rose from 0·93 per 1,000 of the estimated home population to 1·17. According to local returns no death classifiable to this cause occurred during the year.

Typhoid and Paratyphoid Fevers.—The 26 cases of typhoid and paratyphoid fevers notified in 1959 were 10 fewer than the total for the previous year but were nevertheless slightly above the average for the preceding five years, 1954–58. The resultant attack rate of 0·012 per 1,000 of the estimated home population was 0·001 greater than that for England and Wales. No death from this cause was recorded locally during 1959.

Dysentery.—Cases of dysentery notified in the Administrative County during 1959 numbered 2,279, a decrease of 380 as compared with the previous year. It was the lowest total since 1953, when only 899 cases were notified, but the equivalent attack rate of 1·06 per 1,000 of the estimated home population still compared unfavourably with the corresponding provisional rate of 0·78 for England and Wales.

Food Poisoning.—The 484 cases of food poisoning notified during 1959 were 98 fewer than those in the previous year and 105 below the annual average for the preceding five years, 1954–58. The attack rate of 0·23 per 1,000 of the estimated home population was 0·01 higher than that for the whole country. Two deaths occurred which were established to be due to food poisoning, one of a male aged 38 years and the other of a male aged 62.

Further particulars regarding the cases notified in 1959, including the organisms or other agents responsible, the foods involved and the places where the contaminated foods were consumed are given later in this report in the section relating to " Inspection and Supervision of Food."

Notifications.—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1959 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals :—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR THE YEAR ENDED 31ST DECEMBER, 1959, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis: Paralytic	Acute poliomyelitis: Non-paralytic	Dysentery	Meningococcal infection	Sex	Age group	Sex	Acute pneumonia	Smallpox	Acute encephalitis: Infective	Acute encephalitis: Post-infectious	Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Food poisoning
								ADMINISTRATIVE COUNTY										
1,303	1	1,278	11,530	21	5	1,141	21	M.	ALL AGES	M.	564	—	4	1	—	9	75	222
1,205	1	1,337	10,963	24	6	1,138	32	F.		F.	468	—	—	—	1	16	78	262
2,508	2	2,615	22,493	45	11	2,279	53	T.		T.	1,032	—	4	1	1	25	153	484
5	—	108	351	1	1	43	2	M.	0—									
1	—	119	385	2	—	35	13	F.										
6	—	227	736	3	1	78	15	T.										
103	—	311	2,742	9	1	210	8	M.	1—	M.	57	—	1	—	—	3	—	44
94	—	292	2,666	9	3	172	8	F.		F.	42	—	—	—	—	3	1	26
197	—	603	5,408	18	4	382	16	T.		T.	99	—	1	—	—	6	1	70
323	—	301	3,267	3	—	197	3	M.	3—									
275	—	350	2,995	5	—	171	1	F.										
598	—	651	6,262	8	—	368	4	T.										
708	—	527	4,944	2	1	381	2	M.	5—									
646	1	513	4,682	6	1	281	4	F.										
1,354	1	1,040	9,626	8	2	662	6	T.		M.	55	—	2	1	—	3	4	37
										F.	49	—	—	—	—	3	1	28
138	—	27	168	2	1	97	3	M.	10—	T.	104	—	2	1	—	6	5	65
160	—	45	171	1	1	81	2	F.										
298	—	72	339	3	2	178	5	T.										
20	1	1	23	1	1	39	2	M.	15—									
13	—	10	21	1	1	81	1	F.		M.	94	—	1	—	—	3	21	93
33	1	11	44	2	2	120	3	T.		F.	98	—	—	—	—	5	18	107
										T.	192	—	1	—	—	8	39	200
									25—									
										M.	219	—	—	—	—	—	37	40
6	—	3	15	3	—	162	1	M.	45—	F.	119	—	—	—	1	2	36	62
14	—	8	24	—	—	288	3	F.		T.	338	—	—	—	1	2	73	102
20	—	11	39	3	—	450	4	T.										
										M.	128	—	—	—	—	—	12	4
									65—	F.	152	—	—	—	—	3	21	24
										T.	280	—	—	—	—	3	33	28
—	—	—	20	—	—	12	—	M.	UNKNOWN	M.	11	—	—	—	—	—	1	4
2	—	—	19	—	—	29	—	F.		F.	8	—	—	—	—	—	1	15
2	—	—	39	—	—	41	—	T.		T.	19	—	—	—	—	—	2	19

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			*Chickenpox			Malaria (Believed to be contracted abroad)		
	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County... ...	162	4	4	8	31	26	57	2	—	2

* Notifiable during year in two districts only.

Below, comparison is made of the number of notifications of the principal infectious diseases during 1959 and the preceding 10 years :—

Infectious disease	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Measles (excluding rubella)	15,685	17,636	26,461	16,197	21,785	13,277	24,499	9,395	31,473	10,328	22,493
Whooping cough ...	5,195	8,295	6,005	4,775	7,260	5,224	3,649	5,330	3,091	1,394	2,615
Scarlet fever	5,092	3,670	3,063	3,816	3,584	2,466	2,065	1,888	1,645	1,985	2,508
Acute pneumonia (primary and influenzal) ...	1,473	1,213	2,028	1,183	1,165	999	989	925	1,354	860	1,032
Dysentery	619	1,303	1,295	1,250	899	2,769	3,316	2,471	3,008	2,659	2,279
Erysipelas	398	363	305	252	282	214	217	194	167	135	153
Puerperal pyrexia ...	83	93	143	230	239	252	326	265	186	135	162
Diphtheria	84	43	38	72	18	17	13	3	1	1	2
Acute poliomyelitis ...	235	160	83	55	132	63	130	174	96	101	56
Meningococcal infection	*	44	65	37	64	60	60	73	51	28	53
Acute encephalitis ...	*	5	20	9	8	11	13	11	8	8	5
Typhoid and paratyphoid fevers	71	12	116	32	11	27	29	13	18	36	26
Smallpox	—	—	—	19	2	—	—	—	—	—	—

* The classifications "Meningococcal Infection" and "Acute Encephalitis" were first introduced in 1950 and comparative figures for previous years are not available.

Death Rates from Certain Infectious Diseases.—The table below gives for the last two decades the death rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1940–45 relate to civilians only.

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1 000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1940 ...	1,900,870	nil	nil	137	0·072	45	0·024	49	0·026	9	0·005	—	—
1941 ...	1,918,320	nil	nil	183	0·095	129	0·067	38	0·020	8	0·004	—	—
1942 ...	1,885,600	nil	nil	105	0·056	20	0·011	27	0·014	8	0·004	—	—
1943 ...	1,848,650	nil	nil	69	0·037	69	0·037	26	0·014	6	0·003	—	—
1944 ...	1,837,800	nil	nil	68	0·037	35	0·019	22	0·012	2	0·001	—	—
1945 ...	1,832,420	nil	nil	52	0·028	29	0·016	2	0·013	4	0·002	—	—
1946 ...	1,924,880	nil	nil	25	0·013	43	0·022	9	0·005	7	0·004	—	—
1947 ...	1,959,160	nil	nil	12	0·006	32	0·016	30	0·015	36	0·018	—	—
1948 ...	2,007,150	nil	nil	11	0·005	39	0·019	26	0·013	10	0·005	—	—
1949 ...	2,020,720	nil	nil	5	0·002	30	0·015	14	0·007	34	0·017	—	—
1950 ...	2,047,010	nil	nil	6	0·003	21	0·010	6	0·003	18	0·009	16	0·008
1951 ...	†2,040,460	nil	nil	1	0·000	17	0·008	15	0·007	10	0·005	12	0·006
1952 ...	†2,043,900	nil	nil	2	0·001	6	0·003	4	0·002	8	0·004	14	0·007
1953 ...	2,044,400	1	0·000	2	0·001	12	0·006	12	0·006	8	0·004	11	0·005
1954 ...	†2,052,270	nil	nil	nil	nil	3	0·001	1	0·000	4	0·002	10	0·005
1955 ...	2,068,000	nil	nil	nil	nil	4	0·002	6	0·003	4	0·002	12	0·006
1956 ...	2,091,000	nil	nil	nil	nil	5	0·002	nil	nil	9	0·004	14	0·007
1957 ...	2,110,000	nil	nil	nil	nil	3	0·001	3	0·001	5	0·002	10	0·005
1958 ...	2,129,000	nil	nil	1	0·000	nil	nil	1	0·000	9	0·004	10	0·005
1959 ...	2,151,000	nil	nil	nil	nil	nil	nil	5	0·002	2	0·001	10	0·005

*This classification was first introduced in 1950 and comparative figures for previous years are not available.
†Specially constructed population.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1953, cases of acute rheumatism in persons under 16 years of age are required to be notified in certain specified areas where suitable facilities exist for checking the diagnosis and carrying out subsequent supervision. The Acute Rheumatism (Amendment) Regulations, 1959, which came into operation on the 16th February, 1959, extended this requirement to the Administrative County of Lancaster and certain other areas. Notification is required to be made to the County Medical Officer of Health and not, as is the case with almost all other notifiable diseases, to the respective medical officers of health of the County districts. Under the regulations " acute rheumatism " means any of the following conditions occurring separately or together in a person under the age of 16 years—(i) rheumatic pains or arthritis accompanied by a rise in temperature ; (ii) rheumatic chorea ; (iii) rheumatic carditis ; (iv) valvular disease of the heart of rheumatic origin.

Each notified case is subsequently classified by the general practitioner or specialist to whom it has been referred into one of seven clinical categories recommended by the Medical Research Council, four being of rheumatic origin and three of non-rheumatic origin. From the 16th February, 1959, to the end of the year 56 notifications were received and their classification by certain age groups is given in the following statement :—

Clinical classification of cases notified	Age in years—										
	0–		5–		10–		15		Total under 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1. Rheumatic pains and/or arthritis without heart disease	—	2	6	2	6	8	—	—	12	12	24
2. Rheumatic heart disease (active)											
(*a*) Alone...	—	—	—	1	3	1	—	—	3	2	5
(*b*) With polyarthritis	1	—	3	4	6	4	—	—	10	8	18
(*c*) With chorea	—	—	—	1	—	1	—	—	—	2	2
3. Rheumatic heart disease (quiescent)	—	—	2	2	—	—	—	—	2	2	4
4. Rheumatic chorea (alone) ...	—	—	1	—	1	—	—	—	2	—	2
Total rheumatic cases ...	1	2	12	10	16	14	—	—	29	26	55
5. Congenital heart disease ...	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic heart disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	—	—	1	—	—	—	1	1
Total non-rheumatic cases...	—	—	—	—	—	1	—	—	—	1	1

The 55 cases confirmed to be of rheumatic origin were equivalent to a rate of 1·07 per 10,000 of the estimated population under 16 years of age. The incidence amongst what is commonly referred to as the school population, i.e., those aged 5–14 years inclusive, was 1·59 per 10,000 whilst the corresponding proportion of the pre-school population represented by the three cases at ages under five years was 0·19.

Tuberculosis.—Notifications.—During the past decade the transference into the Administrative County area of large numbers of people, mainly through the absorption of overspill populations from neighbouring county boroughs, has made it necessary in the compilation of tuberculosis statistics to dissociate total notifications from considerations of true incidence of the disease. This arose from the fact that an increasing proportion of the notifications received related to tubercular patients moving into the County area, not to new cases arising therein. During the past five years, for example, one in every three respiratory tuberculosis notifications received was such a " transfer " notification.

The following table shows the total cases notified in the Administrative County each year since 1913, when the official tuberculosis service began, together with the corresponding case rates per 1,000 of the estimated population. Whilst the figures prior to the last decade are regarded, generally speaking, as indicative of the actual incidence of the disease, the foregoing remarks regarding transfer cases in the post-war period should be borne in mind. For this reason the use of the term " case rate " is more appropriate to the table than " incidence rate."

Year	Notifications			Case rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1·54	0·90	2·45
1914	2,820	1,140	3,960	1·61	0·65	2·26
1915	2,872	1,128	4,000	1·64	0·64	2·28
1916	2,689	1,180	3,869	1·52	0·66	2·19
1917	2,375	1,062	3,437	1·35	0·60	1·96
1918	2,534	885	3,419	1·47	0·51	1·98
1919	2,105	847	2,952	1·21	0·48	1·70
1920	2,084	968	2,052	1·20	0·55	1·76
1921	2,044	899	2,943	1·16	0·51	1·67
1922	1,863	956	2,189	1·05	0·54	1·59
1923	1,937	1,188	3,125	1·09	0·66	1·75
1924	1,972	1,120	3,092	1·10	0·62	1·73
1925	1,846	1,027	2,873	1·03	0·57	1·60
1926	1,828	953	2,781	1·02	0·53	1·55
1927	1,794	1,045	2,839	0·99	0·58	1·57
1928	1,660	956	2,616	0·91	0·52	1·44
1929	1,517	913	2,430	0·83	0·50	1·34
1930	1,527	982	2,509	0·84	0·54	1·38
1931	1,460	862	2,322	0·80	0·47	1·28
1932	1,477	825	2,302	0·81	0·45	1·27
1933	1,453	780	2,233	0·80	0·43	1·23
1934	1,315	774	2,089	0·72	0·42	1·15
1935	1,305	672	1,977	0·71	0·36	1·08
1936	1,248	722	1,970	0·67	0·39	1·06
1937	1,314	745	2,059	0·70	0·40	1·10
1938	1,227	805	2,032	0·65	0·42	1·08
1939	1,252	757	2,009	0·65	0·39	1·05
1940	1,340	715	2,055	0·70	0·37	1·08
1941	1,414	732	2,146	0·73	0·38	1·11
1942	1,447	766	2,213	0·76	0·40	1·17
1943	1,456	778	2,234	0·78	0·42	1·20
1944	1,512	665	2,177	0·82	0·36	1·18
1945	1,511	641	2,152	0·82	0·34	1·17
1946	1,663	537	2,200	0·86	0·27	1·14
1947	1,394	519	1,913	0·71	0·26	0·97
1948	1,522	551	2,073	0·75	0·27	1·02
1949	1,613	466	2,079	0·80	0·23	1·03
1950	1,497	401	1,898	0·73	0·20	0·93
1951	1,838	396	2,234	0·90	0·19	1·09
1952	1,712	367	2,079	0·84	0·18	1·02
1953	1,753	322	2,075	0·86	0·16	1·01
1954	1,822	312	2,134	0·89	0·15	1·04
1955	1,745	224	1,969	0·84	0·11	0·95
1956	1,710	225	1,935	0·82	0·11	0·93
1957	1,780	209	1,989	0·84	0·10	0·94
1958	1,578	173	1,751	0·74	0·08	0·82
1959	**1,508**	**136**	**1,644**	**0·70**	**0·06**	**0·76**

An analysis by sex, age group and site classification of the notifications of tuberculosis, both primary and inward transfer, received during 1959 is given in Table 6, page 175.

As will be seen in the foregoing table both total notifications of all forms of tuberculosis and notifications of non-respiratory tuberculosis were fewer in 1959 than in any previous recorded year, the corresponding case rates establishing new low records. On the other hand the continuing influx of tubercular cases into the County area maintained the case rate for respiratory tuberculosis at a level which was still above that achieved in the immediate pre-war years.

To obtain a clearer picture, however, of the actual incidence of tuberculosis in the Administrative County area, it is necessary to examine the notifications of entirely new cases, *i.e.*, those not previously notified either in the County area or in other authorities' areas. Such notifications together with the corresponding incidence rates from 1949 onwards are set out in the following table :—

Year	* Notifications			Incidence rate per 1,000 of population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1949	1,503	447	1,950	0·74	0·22	0·97
1950	1,394	391	1,785	0·68	0·19	0·87
1951	1,688	381	2,069	0·83	0·19	1·01
1952	1,588	359	1,947	0·78	0·18	0·95
1953	1,492	298	1 790	0·73	0·15	0·88
1954	1,420	288	1,708	0·69	0·14	0·83
1955	1,165	187	1,352	0·56	0·09	0·65
1956	1,158	186	1,344	0·55	0·09	0·64
1957	1,153	178	1,331	0·55	0·08	0·63
1958	1,024	142	1,166	0·48	0·07	0·55
1959	**1,016**	**110**	**1,126**	**0·47**	**0·05**	**0·52**

* Excluding " transfers-in "

A continued decline in the incidence of all forms of tuberculosis is reflected in the above figures, each of the rates for 1959 constituting a new low record. Compared with the corresponding rates for England and Wales the County respiratory rate of 0·47 and the non-respiratory rate of 0·05 represented improvements respectively of 0·07 and 0·01 per thousand.

Notifications in age groups.—The following tables give in specified age groups the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1959, after correction for subsequent changes in diagnosis and the exclusion of all *duplicate* and inward *transfer* cases—*i.e.*, they refer only to the actual incidence of new cases. For comparative purposes the figures for each of the preceding five years are also shown.

Year	Sex	Respiratory Tuberculosis												
		Age group—years												Total M. and F.
		0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	All ages	
1954	M.	—	28	32	27	71	61	134	130	167	101	65	816	1,420
	F.	2	22	31	32	102	98	160	79	35	26	17	604	
1955	M.	3	27	26	19	50	59	98	100	135	111	72	700	1,165
	F.	4	21	28	19	71	77	120	54	38	20	13	465	
1956	M.	3	13	26	20	47	60	98	99	142	132	57	697	1,158
	F.	2	14	21	19	75	75	111	72	26	26	20	461	
1957	M.	—	18	27	15	42	55	97	123	131	138	82	728	1,153
	F.	1	21	17	24	49	65	92	68	47	22	19	425	
1958	M.	2	15	22	17	35	56	81	99	133	119	50	629	1,024
	F.	2	14	28	13	55	54	88	57	38	28	18	395	
1959	M.	2	12	8	12	34	44	96	104	126	105	55	598	1,016
	F.	—	12	11	8	64	60	105	80	40	19	19	418	

Year	Sex	Non-Respiratory Tuberculosis												
		Age group—years												Total M. and F.
		0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	All ages	
1954	M.	4	15	22	24	9	12	12	10	8	4	4	124	288
	F.	—	14	34	21	20	15	26	10	11	6	7	164	
1955	M.	1	8	20	17	11	6	12	9	6	4	2	96	187
	F.	2	7	8	16	10	8	11	11	12	2	4	91	
1956	M.	—	12	17	12	11	6	12	5	10	7	4	96	186
	F.	1	7	9	11	11	9	19	7	5	5	6	90	
1957	M.	—	13	11	10	8	5	10	13	6	4	5	85	178
	F.	—	9	22	8	12	5	15	11	4	5	2	93	
1958	M.	1	10	12	15	7	2	11	11	3	2	2	76	142
	F.	1	7	6	9	4	7	17	8	4	3	—	66	
1959	M.	—	6	2	6	5	6	9	6	10	6	4	60	110
	F.	1	4	4	6	5	5	5	8	6	2	4	50	

Mortality.—The decline in mortality from tuberculosis, both respiratory and non-respiratory, has been more rapid during the last decade than in any other similar period and has now reached a stage where this disease cannot be considered amongst the principal mortality hazards. The 163 deaths classified to respiratory tuberculosis and assigned to the Administrative County in 1959 were 41 fewer than the previous lowest total in 1958 and 85 below the annual average for the preceding five years, 1954–58. The corresponding death rate of 0·08 per 1,000 of the estimated home population represented an improvement of 0·02 on the previous lowest rate established in 1957 and repeated in 1958, and was less than a quarter of the rate recorded exactly 10 years earlier as then constituting the lowest ever. The provisional rate for England and Wales in 1959 was also 0·08 per thousand.

The 13 deaths classified to non-respiratory tuberculosis in the Administrative County area were less than a half of the annual average for the preceding five years and barely more than a tenth of the total registered at the commencement of the preceding decade.

Comparison is made below of the number of deaths from tuberculosis registered during 1959 and the equivalent death rates with the corresponding annual averages for the preceding five years, 1954–58 :—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death rate per 1,000 population	No. of deaths registered	Death rate per 1,000 population	No. of deaths registered	Death rate per 1,000 population
Mean of 5 years, 1954–58 ...	248	0·12	28	0·01	276	0·13
Year 1959	163	0·08	13	0·01	176	0·08
Decrease in 1959	85	0·04	15	—	100	0·05

The table below gives the death rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1959 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales :—

Year	Administrative County			England and Wales
	Death rate per 1,000 of population			Death rate per 1,000 of population
	Urban	Rural	County	
1949	0·35	0·25	0·34	0·40
1950	0·29	0·21	0·28	0·32
1951	0·27	0·18	0·26	0·28
1952	0·22	0·11	0·20	0·21
1953	0·17	0·20	0·18	0·18
1954	0·13	0·19	0·14	0·16
1955	0·15	0·14	0·15	0·13
1956	0·11	0·11	0·11	0·11
1957	0·10	0·10	0·10	0·09
1958	0·09	0·10	0·10	0·09
1959	0·08	0·06	0·08	*0·08

* Provisional figure.

The table below shows the numbers of deaths registered and the death rates recorded during the years 1913 to 1959 in the Administrative County :—

Year	Deaths			Death rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0·82	0·30	1·12
1914	1,523	572	2,095	0·87	0·32	1·19
1915	1,614	555	2,169	0·96	0·34	1·30
1916	1,685	471	2,156	1·04	0·29	1·33
1917	1,584	466	2,050	1·00	0·30	1·30
1918	1,652	435	2,087	1·07	0·28	1·35
1919	1,339	358	1,697	0·80	0·22	1·02
1920	1,323	396	1,719	0·76	0·23	0·99
1921	1,301	376	1,677	0·73	0·21	0·95
1922	1,362	389	1,751	0·77	0·22	0·99
1923	1,250	412	1,662	0·70	0·23	0·93
1924	1,215	339	1,554	0·68	0·19	0·87
1925	1,205	361	1,566	0·67	0·20	0·87
1926	1,158	286	1,444	0·64	0·16	0·80
1927	1,105	296	1,401	0·61	0·16	0·77
1928	1,066	287	1,353	0·58	0·15	0·74
1929	1,102	279	1,381	0·60	0·15	0·76
1930	1,046	253	1,299	0·57	0·14	0·71
1931	1,021	266	1,287	0·56	0·14	0·71
1932	975	238	1,213	0·54	0·13	0·67
1933	1,010	232	1,242	0·55	0·12	0·68
1934	848	231	1,079	0·46	0·12	0·59
1935	855	189	1,044	0·46	0·10	0·57
1936	856	192	1,048	0·46	0·10	0·56
1937	865	198	1,063	0·46	0·10	0·57
1938	802	177	979	0·42	0·09	0·52
1939	814	195	1,009	0·42	0·10	0·52
1940	876	188	1,064	0·46	0·09	0·55
1941	838	221	1,059	0·43	0·11	0·55
1942	776	196	972	0·41	0·10	0·51
1943	765	177	942	0·41	0·09	0·50
1944	773	182	955	0·42	0·09	0·51
1945	709	161	870	0·38	0·08	0·47
1946	751	154	905	0·39	0·08	0·47
1947	761	136	897	0·38	0·06	0·45
1948	688	126	814	0·34	0·06	0·40
1949	678	122	800	0·34	0·06	0·40
1950	573	93	666	0·28	0·05	0·33
1951	529	85	614	0·26	0·04	0·30
1952	414	63	477	0·20	0·03	0·23
1953	361	42	403	0·18	0·02	0·20
1954	293	44	337	0·14	0·02	0·16
1955	302	25	327	0·15	0·01	0·16
1956	235	24	259	0·11	0·01	0·12
1957	207	29	236	0·10	0·01	0·11
1958	204	19	223	0·10	0·01	0·10
1959	**163**	**13**	**176**	**0·08**	**0·01**	**0·08**

The following tables analyse by sex and age the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County in each of the last 10 years :—

Deaths from Respiratory Tuberculosis

Year	Age Periods—Years															
	All ages		0–		1–		5–		15–		25–		45–		65–	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1950	350	223	—	1	1	1	—	1	15	41	101	106	186	51	47	22
1951	338	191	—	1	—	—	2	1	11	21	100	92	161	55	64	21
1952	287	127	—	2	1	—	—	—	6	19	76	57	147	32	57	17
1953	238	123	—	—	—	—	—	—	2	14	44	54	137	36	55	19
1954	207	86	—	—	1	—	1	—	1	3	47	40	112	33	45	10
1955	220	82	—	1	—	—	—	—	2	1	36	31	117	30	65	19
1956	172	63	—	—	—	—	—	—	—	5	31	28	94	14	47	16
1957	151	56	—	—	—	—	—	—	2	—	20	21	87	22	42	13
1958	151	53	—	—	1	1	—	—	2	1	21	19	82	20	45	12
1959	128	35	—	—	—	—	—	—	—	2	14	13	70	10	44	10

Deaths from Non-Respiratory Tuberculosis

Year	Age Periods—Years															
	All ages		0–		1–		5–		15–		25–		45–		65–	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1950	51	42	3	2	12	12	4	3	7	9	8	7	12	7	5	2
1951	41	44	1	1	12	14	7	6	2	4	10	8	7	10	2	1
1952	34	29	4	2	7	5	7	4	—	2	8	6	6	4	2	6
1953	17	25	—	—	4	3	3	2	1	2	6	4	2	11	1	3
1954	28	16	2	—	2	1	2	2	2	2	6	2	9	5	5	4
1955	14	11	1	1	—	1	—	1	3	1	4	—	5	3	1	4
1956	8	16	—	—	—	—	3	1	—	2	1	2	2	6	2	5
1957	10	19	—	—	—	3	—	—	—	—	3	7	4	3	3	6
1958	6	13	—	—	1	1	—	4	2	1	1	1	1	2	1	4
1959	5	8	—	—	—	—	—	1	—	—	1	2	3	1	1	4

Non-notified fatal cases.—The number of deaths from all forms of tuberculosis in 1959 which escaped statutory notification as tuberculosis cases during life was 42 or 23·9 per cent. of the total deaths from this cause. The corresponding figures for the previous year were 43 (19·3 per cent.) and, for 1957, 58 (24·6 per cent.). Of the 42 non-notified fatal cases in 1959, 34 were respiratory cases and formed 20·9 per cent. of the total deaths from tuberculosis of the respiratory system as compared with proportions of 16·7 per cent. in 1958 and 22·2 per cent. in 1957.

Reference to the problem of this deficiency in notification is made in the section of this report relating to " Prevention of Illness, Care and After-care."

HEALTH SERVICES

Divisional Health Administration.—The County Council, as the local health authority for the Administrative County area under the provisions of the National Health Service Act, 1946, provide the undermentioned services :—

(*a*) Care of Mothers and Young Children ;

(*b*) Midwifery and Maternity Nursing ;

(*c*) Health Visiting ;

(*d*) Home Nursing ;

(*e*) Vaccination and Immunisation ;

(*f*) Ambulance Service ;

(*g*) Mental Health ;

and also arrangements for the prevention of illness, the care and after-care of persons suffering from illness or mental defectiveness and a domestic help service. Under the provisions of the Act they are also required to provide Health Centres.

In addition, provision has also been made under the terms of the National Assistance Act, 1948, for (i.) residential accommodation for the aged and infirm, (ii.) temporary accommodation for persons in urgent need and (iii.) the welfare of handicapped persons.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire County Local Medical and Panel Committee, and voluntary organisations concerned with the care of old people.

As in many important respects the duties placed upon local health authorities are either complementary or supplementary to the treatment services administered by regional boards and executive councils, the administrative arrangements made by the County Council for carrying out their duties as local health authority conform, as far as possible, to those made for the treatment services.

Thus, following the pattern for the hospital treatment services laid down by the Act, *i.e.*, hospital districts with management committees appointed by the regional boards, the Administrative County is divided into 17 health divisions designed, so far as is practicable, to be coterminous with the drainage areas of the various hospital districts, and each having a divisional committee for the local management of the services in the division.

The constitution of each of the 17 divisional health committees embraces members of the County Council, representatives appointed by (*a*) the councils of the County districts within the division, (*b*) management committees of hospitals serving the division, and (*c*) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority.

The health divisions into which the Administrative County is sub-divided for the purposes of divisional administration are shown on the map inserted overleaf and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar General's estimated mid-1959 populations.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1959	Estimated population as at 30th June, 1959
1	Dalton-in-Furness U.D.	8,022	10,240
	Grange U.D.	1,883	2,830
	Ulverston U.D.	3,196	10,420
	Ulverston R.D.	127,448	15,950
		140,549	39,440
2	Lancaster M.B.	4,873	49,090
	Morecambe and Heysham M.B.	3,794	37,690
	Carnforth U.D.	1,504	3,900
	Lancaster R.D.	53,212	13,280
	Lunesdale R.D.	76,267	7,660
		139,650	111,620
3	Fleetwood M.B.	2,565	28,650
	Lytham St. Annes M.B.	5,814	32,060
	Kirkham U.D.	939	4,660
	Poulton-le-Fylde U.D.	2,272	11,760
	Preesall U.D.	3,277	2,250
	Thornton Cleveleys U.D.	3,358	17,430
	Fylde R.D.	33,264	16,820
	†Garstang R.D. (part)	14,535	3,810
		66,024	117,440
4	Chorley M.B.	4,283	31,440
	Adlington U.D.	1,062	4,330
	Fulwood U.D.	3,164	15,420
	Leyland U.D.	3,804	18,220
	Longridge U.D.	3,285	4,600
	Walton-le-Dale U.D.	4,733	16,800
	Withnell U.D.	4,186	2,790
	Chorley R.D.	41,114	27,650
	†Clitheroe R.D. (part)	19,803	2,700
	†Garstang R.D. (part)	42,956	9,840
	Preston R.D.	49,754	40,770
		178,144	174,560
5	Accrington M.B.	4,418	39,160
	Clitheroe M.B.	2,386	11,970
	Darwen M.B.	5,959	29,450
	Church U.D.	528	5,750
	Clayton-le-Moors U.D.	1,060	6,800
	Great Harwood U.D.	2,868	10,650
	Oswaldtwistle U.D.	4,885	11,920
	Rishton U.D.	2,879	5,470
	Blackburn R.D.	19,469	14,280
	†Clitheroe R.D. (part)	12,367	6,690
		56,819	142,140
6	Colne M.B.	5,939	19,680
	Nelson M.B.	3,445	31,720
	Barrowford U.D.	1,387	4,710
	Brierfield U.D.	807	6,790
	Padiham U.D.	975	9,860
	Trawden U.D.	6,815	1,960
	Burnley R.D.	39,849	16,140
		59,217	90,860

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1951

COUNTY OF LANCASTER.

HEALTH DIVISIONS

Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	*BLACKBURN*
B	*LANCASTER*
C	*PRESTON*
D	*WEST LANCASHIRE*
E	*WIGAN*

REVISED AS AT 31/12/1959

NON-COUNTY BOROUGHS INDICATED •

Scale: 8 miles to 1 inch.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1959	Estimated population as at 30th June, 1959
7	Crosby M.B.	4,870	58,290
	Formby U.D.	5,613	10,770
	Litherland U.D.	1,209	24,610
	Ormskirk U.D.	15,608	21,450
	Skelmersdale U.D.	1,942	6,370
	West Lancashire R.D.	65,620	50,630
		94,862	172,120
8	Abram U.D.	1,984	6,190
	Ashton-in-Makerfield U.D.	6,267	19,360
	Aspull U.D.	1,906	6,720
	Billinge and Winstanley U.D.	4,596	6,540
	Hindley U.D.	2,612	19,250
	Ince-in-Makerfield U.D.	2,320	19,950
	Orrell U.D.	1,617	10,420
	Standish-with-Langtree U.D.	3,266	9,320
	Up Holland U.D.	4,686	6,700
	Wigan R.D.	11,696	9,500
		40,950	113,950
9	Widnes M.B.	5,746	51,200
	Huyton-with-Roby U.D.	3,053	61,960
	Kirkby U.D.	4,672	47,450
	Prescot U.D.	870	12,640
	Rainford U.D.	5,877	4,710
	Whiston R.D.	23,786	40,150
		44,004	218,110
10	Golborne U.D.	7,563	20,820
	Haydock U.D.	2,395	12,060
	Newton-le-Willows U.D.	3,105	21,990
	Warrington R.D.	22,350	32,130
		35,413	87,000
11	Farnworth M.B.	1,504	27,400
	Leigh M.B.	6,359	47,300
	Atherton U.D.	2,264	19,750
	Blackrod U.D.	2,392	3,390
	Horwich U.D.	3,257	15,840
	Kearsley U.D.	1,728	10,400
	Little Lever U.D.	808	4,770
	Turton U.D.	17,334	12,420
	Tyldesley U.D.	5,175	17,460
	Westhoughton U.D.	5,560	15,460
		46,381	174,190
12	Haslingden M.B.	8,203	14,080
	Prestwich M.B.	2,421	33,510
	Radcliffe M.B.	4,957	27,240
	Rawtenstall M.B.	9,528	24,030
	Ramsbottom U.D.	9,562	13,710
	Tottington U.D.	2,542	5,680
	Whitefield U.D.	3,388	13,330
		40,601	131,580

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1959	Estimated population as at 30th June, 1959
13	Bacup M.B.	6,121	17,960
	Heywood M.B.	8,508	24,720
	Littleborough U.D.	7,855	10,490
	Milnrow U.D.	5,194	8,380
	Wardle U.D.	3,192	4,480
	Whitworth U.D.	4,483	7,370
		35,353	73,400
14	Middleton M.B.	5,172	54,690
	Chadderton U.D.	3,013	32,430
	Crompton U.D.	2,865	12,690
	Failsworth U.D.	1,679	19,450
	Lees U.D.	288	3,930
	Royton U.D.	2,149	14,370
		15,166	137,560
15	Eccles M.B.	3,417	43,550
	Swinton and Pendlebury M.B.	3,364	40,220
	Irlam U.D.	4,717	15,090
	Worsley U.D.	7,241	37,620
		18,739	136,480
16	Stretford M.B.	3,530	61,550
	Urmston U.D.	4,799	41,050
		8,329	102,600
17	Ashton-under-Lyne M.B.	4,135	50,410
	Mossley M.B.	3,661	10,000
	Audenshaw U.D.	1,241	12,440
	Denton U.D.	2,593	28,870
	Droylsden U.D.	1,245	26,230
		12,875	127,950

In so far as the system of divisional administration is concerned it may justifiably be said that the various health and welfare services, whose day-to-day management is in the hands of Divisional Health Committees, again functioned smoothly and effectively, despite difficulties in some branches of recruiting sufficient suitable staffs. Steady development of many of the personal services continued, whilst the existing arrangements for others were maintained at a high level.

In the pages which follow the various services are dealt with in some detail and the results of the work accomplished are recorded but, as a matter of interest, some of the comments of divisional medical officers on various aspects of the divisional services during 1959 are reproduced below :—

Health Division No. 4.—In 1959 there was increased activity among problem families and more meetings were held in various parts of the division, although some of the families discussed should be more properly described as families with a problem rather than problem families. As in 1958 staffing difficulties were experienced in the home nursing service particularly as regards the recruitment of district nurse/midwives in the area north of the Ribble. Again there has been increased activity among the aged and chronic sick and this is reflected in the increased number of visits by health visitors and an increase in the home help staff.

In the field of mental health the implications of the new Mental Health Act were beginning to show and more domiciliary visiting and informal admissions were evident. It is pleasing to note that the bed situation in mental deficiency institutions seemed to improve during the latter part of the year and a number of vacancies were obtained, some for cases who had been on the waiting list for a long time.

Health Division No. 6.—With the exception of some welfare services, the services generally have proved adequate to meet the demands. The shortage of residential accommodation for the aged and of chronic sick hospital beds persists. Child welfare centre accommodation at Nelson remains unsatisfactory and unfortunately the proposal to erect a new clinic has been postponed for another year due to lack of a suitable site. The demand on health visiting staff in the care of the aged is increasing and consideration could well be given to the appointment of health visitors to deal specifically with the aged. Mental health services are very satisfactory; the day ward and the Psychiatric Social Club at Burnley General Hospital are working well. There has been a further increase in the number of home helps employed and the experimental group scheme was still in operation in four areas at the end of the year.

Health Division No. 10.—All services have been maintained at a satisfactory level, with continued extension in some, *i.e.*, vaccination and immunisation (almost entirely polio vaccination) ; the home help service, especially to the elderly and handicapped ; the welfare service ; the mental health service ; and some progress—but not by any means enough—in the scheme for B.C.G. inoculation of school children. Additional help is required in the way of assistant medical officers and especially clerical assistance for them ; lack of this has been found more limiting than lack of assistant medical officers.

Health Division No. 11.—In spite of staffing difficulties particularly in the health visiting and district nursing services the standard of the services appears to have been well maintained and extended in some spheres. All services appear to be adequate.

Health Division No. 12.—The number of confused senile persons requiring care and attention is causing some concern.

Health Division No. 13.—The services generally would appear to be satisfactory, although some measure of integration of the various sections is called for in order that maximum benefit is obtained.

Health Division No. 14.—The shortage of health visitors became even more acute during 1959. Development of the mental health care and after-care service and the active co-operation that exists among divisional mental health staff, hospital psychiatric staff and general practitioners have continued. As regards the aged, the demand for residential accommodation continues to grow. The statutory services, *e.g.*, domestic help and provision of short-stay accommodation, increased but the voluntary bodies without exception have failed to provide the visitors necessary for the early ascertainment and supervision of cases envisaged in the original scheme.

Health Division No. 15.—On the whole the services operate extremely well and bear favourable comparison with those of neighbouring authorities. The staff position in regard to health visitors is slightly better than of recent years. Relaxation classes for expectant mothers and domiciliary occupational therapy for handicapped persons are going well. The standard of rented clinic premises is, however, poor and difficulties continue unabated owing to the marked shortage of Part III accommodation.

Control, Supervision and Co-ordination of Services.—Divisional medical officers, who are also school medical officers, act under the direction of the County Medical Officer of Health and Principal School Medical Officer who is responsible for the control, supervision and co-ordination of the various services provided by the local health authority. The divisional medical officer, as executive officer of the divisional committee, is, within his division, responsible for all staffs on the divisional establishment and for the day-to-day control and supervision of the services provided through his divisional committee. In this he has available to him the advice of midwifery, home nursing and health visiting supervisory officers on the staff of the County Medical Officer of Health at the central office.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within the division, where he may be so appointed. This provision, whilst in effect superseding the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every medical officer of health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner, has the additional advantage, by reason of the divisional medical officer being also divisional school medical officer, of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. The risk of overlapping and loss of efficiency is thus reduced to a minimum.

Again, as in each division the divisional medical officer has at his disposal the services of a number of assistant medical officers, it follows that in the event of need (*e.g.*, a serious outbreak of infectious disease) in any particular district the divisional medical officer, as local medical officer of health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration, many County district councils took advantage of the provision thus made and by the 31st December, 1959, no less than 87 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had as medical officer of health an assistant divisional medical officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the district councils concerned themselves desire the appointment of the divisional medical officer.

Three districts had as medical officer of health whole-time officers who, by arrangement with the district councils concerned, undertake duties on behalf of the County Council under the direction of the divisional medical officer. In one district a retired assistant divisional medical officer was employed as local medical officer of health.

In the remaining 16 County districts, the duties of medical officer of health were, at the 31st December, 1959, still being undertaken by medical practitioners engaged in private practice.

Co-ordination and co-operation with other branches of the National Health Service. —The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value.

The Lancashire system of divisionalisation of the local health authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned. On the whole, it may be said that the various arrangements existing within the County are working reasonably well, but the degree of liaison and co-operation varies in different parts of the County and with respect to different services.

In most health divisions the divisional medical officer is a member of one or more of the hospital medical advisory committees and, in some instances, of the hospital management committees.

In general, a good and effective liaison has been built up between the various hospital almoners and divisional staffs. This applies particularly in relation to patients discharged from hospital to their own homes who require some measure of supervision or home help or nursing equipment and also to those cases requiring Part III accommodation. For their part, divisional staffs reciprocate wherever possible by furnishing, on request, such information regarding the home circumstances, etc., of patients as the almoners desire.

Liaison with the maternity and paediatric departments of hospitals is, generally speaking, at a high level and much mutual benefit has been derived from the arrangements made.

With regard to the chronic sick and geriatric departments, liaison arrangements vary considerably in different parts of the County area. The need for the utmost co-operation between geriatric units, where such have been established, and divisional staffs is of the greatest importance by reason on the one hand of the great pressure on hospital beds for the chronic sick and, on the other, the inability of the local health authority to keep pace with the demand for Part III accommodation. Fortunately, there is an increasing mutual understanding of the difficulties associated with the care of the frail aged and chronic sick, and in most areas by reason of the cordial relationships which exist, and particularly the consultations at officer level, much continues to be done to resolve many of the problems encountered.

Whilst in some areas the degree of co-operation in relation to mental health between local health authority and hospital staffs is not nearly so great as could be desired, there are indications, of late, that improvement is taking place and liaison will doubtless be further strengthened when the principles envisaged in the new Mental Health Act are implemented. On the other hand liaison in some divisions is already excellent. In one area, in an attempt to integrate more closely the hospital and local health authority services arrangements were made in 1959 for the consultant psychiatrist to be accompanied on his domiciliary visits by a mental health worker. This arrangement has proved most useful.

Undoubtedly today general practitioners have a greater awareness of the assistance available to them and their patients through the medium of the local health authority's services and a more cordial relationship between general practitioners and the local health authority staffs is becoming increasingly apparent. This has no doubt been fostered in large measure by the help accorded to practitioners in connection with the problems associated with the welfare of the old, infirm and disabled and with mental illness cases but much remains to be done in some areas to stimulate amongst general practitioners an awareness of the importance of the amelioration of social factors which often cause or complicate many of the more easily recognisable physical ills of their patients and towards which the local health authority services could do much to help. Every endeavour is made by divisional staffs to keep practitioners informed of the services available and to maintain a spirit of co-operation and mutual understanding.

In one division, towards the end of 1959, as an experiment a definite link-up was arranged in particular areas between the health visitors and certain general practitioners who expressed a wish for this. As yet it is a little early to assess the results of the arrangement but it is hoped that improved liaison and co-operation of the various services will result.

Much good work is done in the County area in connection with welfare matters, particularly as regards the care of the aged and infirm, by various voluntary bodies such as Old People's Welfare Committees, the Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc. Every effort is made by divisional health committees to work in close conjunction with these bodies and to co-ordinate their efforts with the facilities and services provided by the County Council. The County Council's scheme for the domiciliary care of the aged has done much in this respect and also in fostering the necessary liaison amongst the various voluntary bodies providing services for old people.

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required the County Council, as a local health authority, to make provision for the setting up of " health centres " at which facilities for nationally administered medical, dental, pharmaceutical, etc., services could be made available along with the County Council's health services, it being envisaged that the centres would be important focal points at which the needs of the public for health services could be met under one roof.

Sites were earmarked for these purposes but unfortunately up to the present time the Minister of Health has found it necessary, for various reasons, to defer the bringing into operation of this provision of the Act. The reservations are, therefore, kept under review and if in any particular area circumstances warrant it the sites are released.

At the present, it seems likely that the building of health centres will continue to be deferred except perhaps in exceptional cases as might be met, for example, in a new town or redevelopment area.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement.

Antenatal and Post-natal Care.—As in previous years these services have been maintained and the statements following give particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Antenatal Clinics

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1955	83	4,422	14,352	68,185	15·4	4·8	2,107
1956	84	4,471	15,824	74,539	16·7	4·7	2,467
1957	86	4,548	17,629	77,798	17·1	4·4	2,311
1958	88	4,596	17,786	79,516	17·3	4·5	2,365
1959	**90**	**4,682**	**17,825**	**80,006**	**17·1**	**4·5**	**2,402**

Of the 17,825 expectant mothers, 17,063 attended sessions conducted by a consultant or County Council medical officer, the remaining 762 attending sessions conducted by County Council midwives. Of the 90 antenatal clinics, 54 had the services of a consultant obstetrician in addition to County Council staff.

Table 7, on page 176, gives details of the number of antenatal clinics in the respective health divisions and the number of attendances, etc., during 1959.

Post-natal Clinics

Year	No. of clinics at end of year	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
1955	6	81	567	650	8·0
1956	6	55	405	451	8·2
1957	5	46	368	408	8·9
1958	5	48	317	451	9·4
1959	**5**	**41**	**316**	**372**	**9·1**

It will be seen that the great majority of post-natal examinations are carried out during the course of the antenatal clinics, and separate post-natal sessions are not generally required.

County patients in health divisions Nos. 9 and 13 attend at antenatal and post-natal clinics of St. Helens C.B. and Rochdale C.B. respectively, payment being made according to the number of cases and attendances. At St. Helens 47 expectant mothers made 266 attendances and in addition 19 post-natal attendances were recorded ; at Rochdale the respective attendance figures of County residents were 300, 1,759 and 165.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as follows :—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
(*a*) Number of mothers investigated who were normally resident in the Administrative County and were confined during the year	23,396	861	10,089	1,299
(*b*) Number of those in (*a*) above known to have had a post-natal pelvic examination by a doctor between the fifth and twelfth weeks after confinement	20,106	788	8,070	810
Proportion (per cent.) of (*b*) to (*a*)	85·9	91·5	80·0	62·4

Continual efforts are required to encourage mothers to seek post-natal examination and advice and there is still room for improvement in this direction.

Relaxation, Exercise and Mothercraft Classes.—Classes have been organised at certain County Council clinics since 1951. In the main the instruction in relaxation and exercises is given by qualified physiotherapists but there are two exceptions where County Council nurses carry out this work.

The classes are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour of her time at each session she attends. The demonstrations and discussions include—

(*a*) instruction in use of analgesic apparatus ;

(*b*) flannelgraphs to illustrate talks on labour and pelvic anatomy ;

(*c*) talks on bathing and feeding of baby ;

(*d*) display of baby clothes and patterns ;

(*e*) talks on hygiene of pregnancy, etc.

This teaching is carried out by health visitors and midwives.

Details of attendances, etc., are given on a divisional basis for 1959 in Table 7 on page 176 and set forth below are the totals for the County area for each year 1955 to 1959 :—

	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
1955	33	1,052	1,868	10,152
1956	33	1,300	2,471	14,378
1957	35	1,392	2,827	16,635
1958	35	1,521	3,085	17,956
1959	**41**	**1,640**	**3,139**	**17,929**

The numbers attending these classes continue to increase and the educational work which is incorporated in the sessions is becoming more widely recognised. The value of such classes was emphasised in the memorandum on antenatal care related to toxaemia which was issued by the Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are therefore welcome at the classes. This attitude was endorsed in the Cranbrook Report, which recommended that health education and mothercraft instruction should be available for all expectant mothers. Already there are signs in a few areas that the local authority staff will be called upon to a greater extent for this work, but there is still scope for much development of this aspect of antenatal care.

Child Welfare Centres.—The number of child welfare centres to which mothers may bring their babies and toddlers regularly for supervision continues to increase, particularly where there are new housing estates. The administration of existing centres has continued on the same lines as in previous years and at the end of 1959 there were 241 centres in operation. Of these the following were opened during the year on the dates shown :—

Health Division No.	Centre	Date Opened
2	Methodist Church Hall, Norwood Drive, Torrisholme	22nd July
2	Church Hall, Cockerham	5th October
2	Marsh County Infants' School, Willow Lane, Lancaster	21st October
9	Community Hall, Merton Crescent, Roby	3rd February
9	St. James' Methodist School, St. James' Road, Rainhill	3rd September
14	Congregational Church Schoolrooms, Manchester New Road, Alkrington, Middleton	13th July

The centre at Hyde Lodge, Clarendon Road, Eccles, in health division No. 15 was closed all the year.

Of the centres available at the end of the previous year eleven were transferred during 1959 to alternative premises, as follows :—

Health Division No.	Premises
3	Cricket Club, Broadwater, Fleetwood (closed end of 1958)—St. John Ambulance Brigade H.Q., St. John Avenue, Fleetwood (opened 5th January).
3	St. Chad's Church Hall, Poulton (closed 17th February)—C.C. Clinic, Princess Avenue, Poulton (opened 24th February).
4	St. Mary's Hall, Penwortham (closed 24th March)—C.C. Clinic, Cop Lane, Penwortham (opened 7th April).
5	Mercer Hall, Great Harwood (closed 27th May)—C.C. Clinic, Water Street, Great Harwood (opened 3rd June).
9	Old Grammar School, Prescot (closed 23rd February)—C.C. Clinic, Fazakerley House, Park Road, Prescot (opened 26th February).
9	St. Agnes' Ward Club, St. John's Estate, Huyton (closed 23rd April)—St. John's Community Hall, Manor Farm Road, Huyton (opened 30th April).
10	C.E. School, Warren Lane, Woolston (closed 29th October)—C.C. Clinic, Holes Lane, Woolston (opened 12th November).
11	Manchester Road, Blackrod (closed 7th March)—164 New Street, Blackrod (opened 10th March).
15	Pensioners' Hall, Irlam (closed 1st April)—515/521 Liverpool Road, Irlam (opened 8th April).
17	Red Hall Methodist Sunday School, Audenshaw (closed end of 1958)—Civil Defence Hut, Ryecroft Hall, Manchester Road, Audenshaw (opened 2nd January).
17	Scotland Street, Ashton-under-Lyne (closed 24th February)—C.C. Clinic, Crickets Lane, Ashton-under-Lyne (opened 3rd March).

The following statement gives details of attendances of children at child welfare centres during each year from 1955 to 1959 and Table 8 on page 177 gives similar information on a divisional basis for 1959.

	1955	1956	1957	1958	**1959**
No. of centres at end of year	219	224	230	236	**241**
No. of half-day sessions	11,904	12,307	12,613	12,986	**13,286**
* No. of individual children attending at ages (in years)—					
0–	20,494	22,182	24,360	24,939	**25,946**
1–	17,202	17,195	19,094	21,029	**21,367**
2–4 (inclusive)	19,185	19,642	19,989	19,743	**20,656**
TOTAL	56,881	59,019	63,443	65,711	**67,969**
No. of attendances at ages (in years)—					
0–	339,095	364,547	398,363	420,395	**445,990**
1–	72,534	72,231	78,051	79,607	**82,010**
2–4 (inclusive)	64,131	66,497	67,247	66,547	**67,717**
TOTAL	475,760	503,275	543,661	566,549	**595,717**
Average attendances per session	40	41	43	44	**45**

* Age as at end of year.

The percentage of children, in age groups, who took advantage of the facilities at child welfare centres is shown in the following statement :—

	Under 1 year	1–4 years inclusive
1955	70·9 ...	31·0
1956	72·5 ...	31·6
1957	76·4 ...	33·0
1958	74·7 ...	33·6
1959	74·8 ...	33·4

There is still room for improvement in the proportion of children over one year of age who attend the centres.

Special toddlers' sessions are held in some areas, the children being seen by appointment and this has been found very helpful in securing the better attendance of older children. It is important that efforts to encourage the attendance of more pre-school children should continue in order that defects arising during the later pre-school years may be detected and dealt with before the child enters school.

Increasing importance is attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used more and more in this work.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1955 to 1959 :—

Year	* No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)		
	0–	1–	2–4 (inclusive)	0–	1–	2–4 (inclusive)
1955	15	13	6	136	9	4
1956	23	21	6	191	1	9
1957	27	16	9	197	28	3
1958	22	22	8	287	23	5
1959	**11**	**23**	**10**	**33**	**11**	**4**

* Age as at end of year.

Generally speaking, the facilities provided for child welfare in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres, particularly in districts which are becoming more populous.

The most satisfactory premises are the combined school clinic/child welfare centres which are built for the purpose. The needs of the child welfare service, however, are such that many more child welfare centres than school clinics are required and use must be made of rented premises such as Sunday schools, village halls, etc. In fact, well over half the child welfare centres throughout the County are held in premises of this type, and much good work is done in these centres although the premises are sometimes far from ideal.

Ascertainment of Deafness in Young Children.—Developments which have taken place in recent years have emphasised the importance of diagnosing deafness at a very early age, for it is now recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids and to give them training as soon as possible so that they may learn to speak in a manner similar to a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

Special Clinic for Diagnosis and Guidance.—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, those in the south of the County being already catered for at Professor Ewing's clinic at Manchester University.

The medical officer in charge (Dr. Jean Robson) and health visitors (Miss K. M. Johnstone, Miss G. K. Lamb and Mrs. K. Williams) received special training under Professor Ewing in the Department of Education of the Deaf at Manchester University and Dr. I. G. Taylor of that department has attended the clinic on a few occasions during the year.

The diagnostic clinic is staffed by the medical officer and health visitors, and the guidance clinic by the health visitors.

It was again found necessary to increase the number of diagnostic sessions during 1959 and the table below shows the number of attendances at diagnostic and guidance sessions in 1959 compared with the three previous years.

Children under two years of age still form a relatively small proportion of those referred to the diagnostic clinic. It had been thought that the age at time of reference would decrease as the possibility of deafness in young children became more widely known.

One reason for the continuing numbers of older children referred to the clinic is that the majority of cases of deafness following upper respiratory tract infections (including otitis media) occur among the older age groups. Thus of the 11 deaf children in this category, 10 were over three years old and eight were over four. No children in this category were severely deaf and in fact one has already attained hearing within normal limits following appropriate treatment. It is most important, therefore, that these cases of partial deafness should be sought and treated energetically.

The work of the clinic during 1959 is summarised below :—

Sessions and Attendances

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1956	21	70	3·3	21	34	1·6
1957	41	145	3·5	23	57	2·5
1958	56	180	3·2	25	51	2·0
1959	68	212	3·1	22	49	2·2

Note—The maximum number of children who can be dealt with at one session is four.

(*a*) No. of individual children attending :—

(i.) Old cases 58

(ii.) New cases 73

(*b*) New cases :—

(i.) Deafness confirmed 39

(ii.) Under investigation at end of year 4

(iii.) Found to have normal hearing after adequate investigation ... 30

Total 73

(*c*) No. in (*a*) (ii.) who were mentally retarded 12

(*d*) No. in (*b*) (i.) who were mentally retarded 3

(*e*) No. in (*b*) (iii.) who were mentally retarded 9

Individual Children Attending.—New Cases

	Age (in years) at date of first attendance																					
	0—		1—		2—		3—		4—		5—		6—		7—		8—		9—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total attending	1	2	3	5	5	7	15	3	8	1	1	2	3	5	2	1	1	1	5	2	44	29
Deafness confirmed	—	2	1	3	2	2	5	3	3	—	1	2	1	4	2	1	1	1	3	2	19	20

Results of Tests on the 39 Deaf Children

(*a*) No. who had some hearing over the whole range of speech frequencies 32

(*b*) No. who possessed merely an island of hearing 5

(*c*) No. who did not respond to any sound stimuli 2

39

Of those in group (*a*) above :—

No. whose hearing loss was more marked in the higher frequencies ... 11

No. whose hearing loss was more marked in the lower frequencies ... 3

Source of Reference

Year	E.N.T. specialists		Paediatricians		Local authority medical staff		From screening tests		Others		Total	
	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf
1956	15	11	6	2	19	15	7	3	2	2	49	33
1957	12	7	34	10	22	8	6	2	2	1	76	28
1958	22	12	20	2	13	7	9	8	—	—	64	29
1959	24	17	21	9	19	12	3	1	2	—	69	39

Note.—The figures for 1959 do not include four children still under investigation at end of year.

Vulnerable Groups.—Dr. Jean Robson reports that of the 39 children diagnosed as deaf during the year, 35 fell into vulnerable groups. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows :—

Group		
1	Children with cerebral palsy	1
2	Children with family history of deafness	9
3	Children who were premature	5
4	Children with a history of abnormality in the antenatal period	—
5	Children with a history of perinatal abnormality	4
6	Children who have had a severe illness or have been treated with streptomycin	4
7	Children who are not speaking well by the age of two years and children aged 2—5 with speech defects	1
8	Children with a history of otitis media or chronic upper respiratory tract infection	11
9	Children with congenital abnormalities other than any mentioned above	—
		35

Screening Tests of Hearing.—Health visitors need special training to carry out screening tests and since 1955 131 members of the County Council health visiting staff have received this training. At the end of 1959 113 health visitors were qualified to carry out screening tests, some being available in each health division.

Reference was made last year to the fact that from 1st April, 1957, the health visitors had been asked to give priority to screening children from the vulnerable groups. Concentration on testing the vulnerable groups was continued in 1959 and the latest figures appear to confirm that such testing will pick out the majority of young deaf children and so save needless testing of thousands of children and much time of the health visitors.

During 1959, 649 children in the vulnerable groups were tested and seven failed the screening test, giving a failure rate of 10·8 per 1,000 children tested. Of 188 children not in the vulnerable groups who were tested in 1959, only one child failed the test giving a failure rate of 5·3 per 1,000. This child, however, was considered on further investigation to have normal hearing.

The consolidated figures for the years 1955–59 inclusive are shown in the following table :—

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2) diagnosed as deaf (4)	Rate of deafness per 1,000 children tested (5)	No. of children still under consideration (6)
General population tested, 1955, 1956 and 1st January–31st March, 1957	5,531	31	5·6	15	2·71	2
Vulnerable groups tested, 1st April, 1957–31st December, 1959	2,279	36	15·8	17	7·46	2
Others tested, 1st April, 1957–31st December, 1959	3,624	5	1·4	*3	0·83	—

* All these children were suspected to be deaf by their parents.

Reference was made in the last annual report to the case of two children (twins) who failed the screening tests in 1955 and who were still under consideration. These children are still under surveillance by the staff of the Department of Education of the Deaf at Manchester University and were admitted to a class for the partially deaf in June, 1959, for a trial. They are reported to be making good progress but a firm opinion as to the amount of hearing loss is not yet available and, therefore, they are still included in column (6).

Vulnerable Groups.—The 15 children diagnosed as deaf from screening tests of the general population from 1st January, 1955, to 31st March, 1957, all fell into vulnerable groups as follows :—

Group		
1	Cerebral palsy (? following Rh. incompatibility)	1
2	Family history of deafness	1
3	Prematurity	4
4	Abnormality in antenatal period (rubella)	1
5	Rh. incompatibility	1
6	Not speaking well by age of two years or speech defects at age 2—5	4
7	Children with history of otitis media or chronic upper respiratory tract infection	2
8	Congenital abnormalities other than any mentioned above	1
		15

The 17 deaf children picked out from the vulnerable groups between 1st April, 1957, and 31st December, 1959, fell into the groups as follows :—

Group		
2	Family history of deafness	1
3	Prematurity	7
4	Abnormality in antenatal period (rubella in three cases)	4
5	Rh. incompatibility	1
7	Speech defect	2
8	History of otitis media or upper respiratory tract infection	2
		17

Dental Care of Mothers and Young Children.—In accordance with the provisions of section 22 of the National Health Service Act, the County Council maintained at some 83 clinics throughout the Administrative County area a comprehensive dental service for expectant and nursing mothers and young children.

In the early part of the year under review the problem of securing professional staff continued to cause difficulties ; two full-time officers, both men of considerable experience, resigned and one full-time officer changed to part-time service. One full-time replacement was secured in March, but it was November before a second appointment was possible. A somewhat better picture, however, developed in respect of part-time staff and there is no doubt that the improvement was connected directly with improved conditions offered by the authority. In the first half of the year three part-time officers resigned but it proved possible by July to offset this by the appointment of seven part-time officers. In the second half of the year the recruitment of this category of officer continued to improve, though the improvement was limited to certain areas, and a further ten officers were recruited. The majority took up duty towards the end of the year, however, and thus had little or no effect on the gross returns.

As was mentioned in last year's report such continuous changes cause upset of the work in the clinics ; new personnel including dental attendants had to be appointed and trained, and coupled with this was the disadvantage that it was not always possible to co-ordinate part-time dental sessions with maternity and child welfare clinics, though everything is done to arrange this wherever possible.

Comparative figures of treatments carried out during 1958 and 1959 by the dental officers are given below :—

Dental Treatment of Expectant and Nursing Mothers and Pre-school Children

Expectant and nursing mothers			Pre-school children	
1958	1959		1958	1959
3,616	3,290	No. examined	3,144	2,820
2,972	2,670	No. needing treatment	2,659	2,398
2,544	2,433	No. treated	2,459	2,243
1,437	1,327	No. made dentally fit	1,151	1,096
8,811	8,289	No. of attendances	5,222	4,305
9,260	8,153	No. of extractions	3,685	3,227
1,102	873	No. of local anaesthetics	262	212
1,295	1,133	No. of general anaesthetics	1,782	1,481
947	643	No. of scalings	99	68
1,950	1,639	No. of fillings	1,486	1,296
223	280	No. of silver nitrate treatments ...	1,005	551
*4,013	*3,425	No. of dressings...	1,277	1,300
948	907	No. of complete dentures supplied ...	—	—
404	419	No. of partial dentures supplied ...	—	—
47	51	No. of dentures repaired	—	—
105	251	No. of radiographs	7	9

* Includes operations in connection with dentures.

Whilst the service was available, as already indicated, and all who applied received treatment, there was nevertheless some decline in the numbers of patients attending. As comparison with the previous year's figures shows, some 6,110 were examined in 1959 as compared with 6,760 in 1958 and attendances for treatment were 12,594 against 14,033.

In respect of dental treatment the number of full and partial dentures supplied was 1,352 in 1958 and 1,326 in 1959, and radiographs rose from 112 to 260 in the same period. The restoration of teeth by crowning and inlaying increased from 75 in 1958 to 205 in 1959, though again decreases were recorded in other forms of treatment such as fillings and extractions. It must be borne in mind, however, that for reasons given before, fewer sessions were exclusively devoted to the dental care of expectant and nursing mothers and young children in 1959 than in previous years. Evening sessions were fewer by 60 in 1959, showing 3,728 attendances, but this decrease is fully accounted for by sickness and staff changes.

During the year clinics at which dental service is offered were opened at Great Harwood, Penwortham, Woolston and Poulton-le-Fylde and these surgeries now serve areas where no local arrangements for clinic dental treatment were available before.

Educative and propaganda measures on the need for increased dental care and hygiene, as indicated in last year's report, have been continued and intensified and public attention is being drawn more and more in press and radio towards the high cost to the country of dental neglect. Education in dental care and hygiene, to be successful, should go hand in hand with regular dental examination and treatment for it is only by this combination, supplemented by other preventive measures such as the fluoridation of water supplies, proper diet and selection of foods, that dental decay can be checked.

Special Clinics, etc.—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose :—

Type of session	No. of attendances				
	1955	1956	1957	1958	1959
Minor ailment	4,553	3,422	5,566	3,070	3,853
Ophthalmic	3,042	2,690	2,893	2,853	3,257
Ear, nose and throat ...	215	218	120	189	219
Orthopaedic	6,241	5,331	5,217	4,846	5,202
Ultra-violet light ...	7,099	5,807	4,174	4,051	2,760
Speech therapy	386	691	707	798	856
Orthoptic	971	948	864	937	868
Asthma	5	3	—	—	—
Chiropody	104	95	150	198	341
TOTAL ...	22,616	19,205	19,691	16,942	17,356

Arrangements also exist for the provision of convalescent care for pre-school children, where considered necessary. Details of admissions of such children to convalescent homes will be found on page 96.

Family Planning Clinics.—The County Council do not provide their own family planning clinics, but have arrangements with another local health authority and several local family planning associations. The arrangements provide for case payments in respect of women referred to the clinics by medical officers in the service of the County Council. The only cases which can be authorised are those who, strictly for medical reasons and in the interests of their health, require advice on birth control. The family planning associations make their own arrangements for the renting of premises and in some instances the Lancashire Education Committee have agreed to let accommodation at school clinics.

The number of cases referred to family planning clinics during each of the last five years is given in the following analysis by health divisions :—

Health Division No.	No. of cases referred during—				
	1955	1956	1957	1958	1959
1	—	—	—	—	—
2	25	31	15	22	13
3	8	5	6	1	1
4	12	12	4	2	7
5	—	—	—	—	—
6	—	—	—	—	—
7	—	—	—	—	5
8	10	2	1	—	—
9	—	—	—	—	—
10	—	—	—	—	—
11	—	2	4	4	10
12	—	—	—	2	3
13	13	43	24	28	43
14	10	7	4	2	15
15	3	9	3	26	8
16	6	5	3	3	28
17	—	—	—	—	4
Total	87	116	64	90	137

Care of Premature Infants.—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 828 deaths of infants under one year occurring in 1959 and assigned to the Administrative County, 154 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 146 per 1,000 live premature births in 1959, compared with a total neo-natal rate of 17 per 1,000 live births.

Experience shows that in general babies who weigh under 3½ lb. at birth have a better chance of survival if they are born in hospital or transferred there after birth, particularly if they can be nursed in a special premature baby unit. Babies over 3½ lb. at birth normally do well when they are nursed at home and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

Arrangements are made for the special attention of health visitors to be drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The relationship in the Administrative County during the past five years of total notified live births, premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table :—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No.	Per cent. of col. (2)	No.	Per cent. of col. (3)	No.	Per cent. of col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1955	29,846	2,263	7·6	2,054	90·8	1,903	84·1
1956	31,833	2,391	7·5	2,179	91·1	2,019	84·4
1957	33,686	2,457	7·3	2,232	90·8	2,095	85·3
1958	34,319	2,493	7·3	2,251	90·3	2,104	84·4
1959	35,741	2,471	6·9	2,244	90·8	2,111	85·4

There were also 434 premature stillbirths, representing 54·0 per cent. of the 804 stillbirths notified during 1959 and assignable to the Administrative County. The incidence of prematurity (live and still) per 100 total births notified was 7·9—slightly less than in the previous year. The gradual diminution in the proportion of premature births—8·8, 8·7, 8·4, 8·3 and 7·9 per cent. respectively in the years 1955–59—is satisfactory and may be an indication of improved antenatal care. It is to be hoped that this trend will continue.

The following table analyses by weight group and by place of occurrence all notified premature births assigned to the Administrative County in 1959. The totals by weight for the four previous years are also shown.

	Weight at birth									
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total— 5 lb. 8 oz. or less	
	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births
Number born—										
(i) at home	38	18	61	17	70	3	342	13	511	51
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes	1	—	4	1	9	—	22	1	36	2
(iii) in hospitals, including maternity homes in the National Health Service	255	164	358	119	379	42	932	56	1,924	381
TOTAL—1959	294	182	423	137	458	45	1,296	70	2,471	434
1958	287	198	430	114	489	52	1,287	76	2,493	440
1957	286	217	454	103	442	49	1,275	84	2,457	453
1956	274	224	437	111	487	42	1,193	70	2,391	447
1955	254	190	415	109	452	56	1,142	65	2,263	420

Of the 511 premature infants born alive at home 71 were transferred to hospital, 41 of these being 4 lb. 6 oz. or less in weight. Of those born in private nursing homes one was transferred to hospital.

A summary of the survival for the first 24 hours and the first 28 days of life of the premature infants notified in 1959 whose mothers were normally resident in the Administrative County area is given by birth weight below. The corresponding totals for 1955–58 are also shown.

	Proportion (per cent.) of infants surviving															
	24 hours								28 days							
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Of those born—																
* (i) at home ...	23	60·5	55	90·2	69	98·6	335	98·0	14	36·8	50	82·0	62	88·6	326	95·3
(ii) at home and transferred to hospital...	13	65	16	76·2	14	100	16	100	7	35	13	61·9	10	71·4	11	68·8
*(iii) in private nursing homes including maternity homes not in the National Health Service and Mother and Baby Homes ...	—	—	3	75	9	100	22	100	—	—	3	75	9	100	22	100
(iv) in hospitals including maternity homes in the National Health Service	127	49·8	327	91·3	362	95·5	912	97·9	77	30·2	300	83·8	350	92·3	898	96·4
All births—1959 ...	150	51·0	385	91·0	440	96·1	1,269	97·9	91	31·0	353	83·5	421	91·9	1,246	96·1
1958 ...	137	47·7	384	89·3	470	96·1	1,260	97·9	81	28·2	346	80·5	449	91·8	1,228	95·4
1957 ...	141	49·3	404	89·0	428	96·8	1,259	98·7	96	33·6	368	81·1	404	91·4	1,227	96·2
1956 ...	127	46·4	403	92·2	475	97·5	1,174	98·4	72	26·3	354	81·0	443	91·0	1,150	96·4
1955 ...	136	53·5	368	88·7	431	95·4	1,119	98·0	74	29·1	336	81·0	401	88·7	1,092	95·6

* These include any born at home or in a private nursing home who were transferred to hospital.

Further information with regard to the premature infants referred to above is given by health divisions in Table 9, page 178.

Care of Unmarried Mothers and their Children.—Arrangements for the care of unmarried mothers and illegitimate children are carried out by the staff of the Health Committee in co-operation with the various voluntary moral welfare associations and the Children's Department. Priority in admission to the Council's day nurseries is afforded to illegitimate children in order to enable their mothers to go out to work (see page 57).

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies and in all but one instance payment is made entirely on a case basis. Since the 1st October, 1958, the full cost of maintenance has been met, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement :—

Year	Expectant mothers	Post-natal cases	Total cases No.	*Per cent.
1955	158 ...	24 ...	182 ...	17
1956	171 ...	18 ...	189 ...	16
1957	158 ...	17 ...	175 ...	14
1958	180 ...	23 ...	203 ...	17
1959	228 ...	10 ...	238 ...	18

*Ratio of total cases to total registered illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division during 1959 are shown in Table 10, on page 179.

Ophthalmia Neonatorum.—Eight cases of ophthalmia neonatorum were notified during 1959 in infants born to women resident in the Administrative County area, three occurring in hospitals and five amongst domiciliary births. In all cases vision was subsequently ascertained to have been unimpaired.

Welfare Foods.—Particulars of centres issuing welfare foods at the end of the year are given below, together with comparative figures for the previous year :—

	1958	*1959*
Child welfare centres and school clinics	214	224
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	13	12
Others, *e.g.*, shops, private houses and W.V.S. centres	70	66
TOTAL ...	297	302

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, *viz.*, shopkeepers, private householders and in several instances members of the W.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table :—

Issued to	National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	398,600	101,642	87,704	808,123
N.H.S. hospitals	4,305	138	—	7,556
Day nurseries (including factory nurseries)	46	3,363	—	6,649
TOTAL—1959	402,951	105,143	87,704	822,328
1958	436,380	106,529	82,328	786,562

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age and orange juice for children under two years of age in daily attendance at maintained schools and nursery schools direct from Ministry depots and not from local health authority distribution centres.

In general one 20 oz. tin of National dried milk is issued to individual beneficiaries each week (principally expectant mothers and children under two years of age). This is the equivalent of seven pints of liquid milk per week which may be obtained in lieu of National dried milk. The charge made for National dried milk (2s. 4d.) is the same as for the equivalent quantity of subsidised liquid milk mentioned above (4d. per pint). A charge of 5d. per bottle is made for orange juice, but cod liver oil and vitamin tablets are supplied free.

The amount collected from individual beneficiaries during the year 1959 was £62,104 11s. 10½d. compared with £64,316 7s. 1d. in 1958. Payment is made in the form of postage stamps which are cancelled and the money, of course, goes to the credit of the Crown and not to the local health authority.

It is considered that the service provided is adequate to meet demands and only isolated complaints have been received. It will be seen from the figures shown above that five additional distribution centres were opened during the year.

Day Nurseries.—The total day nursery accommodation provided by the County Council at the end of 1959 is compared below with that for each of the previous four years :—

Year	Day nurseries	Child places
1955	56	2,671
1956	56	2,642
1957	56	2,642
1958	56	2,618
1959	55	2,552

The nursery closed during the year (Leyland No. 1) was discontinued on the recommendation of the divisional health committee on account of decline in demand.

Details of attendances, etc., at County Council day nurseries during 1959 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1959 in respect of each health division are shown in Table 11 on page 180.

	1955	1956	1957	1958	1959
No. of children on registers at end of year ...	2,736	2,608	2,689	2,610	2,504
No. of children on waiting lists at end of year	1,169	871	939	1,155	1,146
Total No. of attendances (Monday to Friday)	494,305	503,272	481,222	500,440	464,675
Categories of parents or guardians whose children were on register at end of year :—					
Social cases	453	470	526	599	578
Others	2,071	1,922	1,922	1,807	1,741
† Full-time equivalent of staff employed at end of year	684	677	665	674	647

† Includes domestics ; two students in training counted as one unit of staff.

Training.—Of the 55 nurseries administered by the County Council at the end of 1959, 32 were approved for the training of nursery students. There are three nursery training schools in the Administrative County area at Newton-le-Willows, Lytham St. Annes and Lancaster. In addition there are arrangements with the Burnley and Rochdale Education Authorities.

Some interchange of students takes place between nurseries and nursery schools as facilities are not available at the latter for training in the care of children under two years of age. Student health visitors during their training spend some three to five days in a nursery gaining practical experience in dealing with healthy children and learning about the administration of day nurseries.

For the fourth consecutive year refresher courses for matrons and deputy matrons of some of the County Council's day nurseries were held. Nursery staff from the Children's Department and from other local authorities accepted invitations to attend. Play material made by staff in the day nurseries which was provided for display reached a high standard and aroused much interest.

Admission to Nurseries.—Priorities.—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category.

Towards the end of 1957, the parents were divided into two groups only, *viz* : (i) Social cases, (ii) Others. Thus the original primary purpose of the day nurseries in assisting women to work in industry has now been changed to meet the needs of social cases.

" Social cases " are persons solely responsible for the care of young children, who must of necessity go out to work to earn a living and includes unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. It also includes families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work. An addition to this was made at the last review which provided for the inclusion of children of problem families and others in need of special day-time care in the category of social cases.

During 1959 the Health Committee agreed that suitable handicapped children should be admitted to day nurseries even though their mothers did not go to work. So far only a few such children have been admitted and at the end of the year there were not more than two in any one nursery.

Spastic children and mentally retarded children form the bulk of such admissions but in one nursery a deaf child attends on three days per week. Such part-time attendance is of great value not only to the handicapped child but also to the rest of the family. At the same time it is necessary to take care that the staff of the nursery are not overburdened by the admission of too many handicapped children to any one nursery.

Accidents in Day Nurseries.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1955–1959 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0–2	2–4 inclusive	Total under 5 years
1955	70	0·7	1·7	1·4
1956	55	0·9	1·2	1·1
1957	41	0·6	0·9	0·9
1958	54	0·8	1·2	1·1
1959	76	0·8	2·0	1·6
Total	296	0·7	1·4	1·2

The injuries were mostly of a minor nature although in some cases fractures were sustained. Of the 76 cases reported 29 were referred to hospital and eight to the family doctor for treatment or advice.

Nurseries and Child Minders Regulation Act, 1948.—All premises used as day nurseries and all child minders, as defined in this Act, must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

Particulars of the registrations at the end of 1959 are given for each health division in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

Health Division No.	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
2	—	—	1	8
3	2	25	4	30
4	—	—	1	8
11	2	70	—	—
12	—	—	1	4
13	5	170	2	11
14	24	1,072	—	—
15	—	—	2	14
16	—	—	3	23
17	1	40	1	6
Total—1959	34	1,377	15	104
1958	44	1,818	11	63
1957	45	1,961	12	78
1956	45	1,930	12	80
1955	47	2,050	10	59

The fall in the total number of nurseries registered at the end of the year reflects the contraction of the cotton industry. Many managements of cotton mills have established nurseries for the benefit of employees with young children and of the ten nurseries closed during the year nine were no longer required following mill closures.

Notified Births.—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the medical officer of health of the welfare authority for the area in which the birth takes place. The County Council is the welfare authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the divisional medical officer of the health division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each health division during the year 1959 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still-births		Live births						Still-births		Live births						Still-births	
	Premature		Mature		Total				Premature		Mature		Total				Premature		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	4	8	131	125	135	133	—	—	3	1	64	43	67	44	—	—	7	9	195	168	202	177	—	—
2	45	54	723	656	768	710	17	27	9	6	160	163	169	169	—	1	54	60	883	819	937	879	17	28
3	20	30	488	489	508	519	5	9	2	5	198	200	200	205	—	3	22	35	686	689	708	724	5	12
4	91	109	1,004	953	1,095	1,062	22	31	12	10	345	289	357	299	2	5	103	119	1,349	1,242	1,452	1,361	24	36
5	25	27	669	601	694	628	6	7	8	10	222	236	230	246	6	4	33	37	891	837	924	874	12	11
6	11	16	302	243	313	259	3	1	11	7	188	192	199	199	3	5	22	23	490	435	512	458	6	6
7	41	48	725	605	766	653	16	14	11	26	406	334	417	360	1	1	52	74	1,131	939	1,183	1,013	17	15
8	76	77	730	711	806	788	40	30	19	15	357	325	376	340	7	5	95	92	1,087	1,036	1,182	1,128	47	35
9	103	92	957	860	1,060	952	33	42	58	59	1,046	969	1,104	1,028	22	9	161	151	2,003	1,829	2,164	1,980	55	51
10	—	2	15	12	15	14	1	1	9	11	342	277	351	288	1	5	9	13	357	289	366	302	2	6
11	125	147	1,324	1,277	1,449	1,424	45	43	21	18	367	327	388	345	4	3	146	165	1,691	1,604	1,837	1,769	49	46
12	18	20	456	405	474	425	9	10	9	12	253	215	262	227	4	2	27	32	709	620	736	652	13	12
13	52	65	563	542	615	607	26	24	8	9	245	213	253	222	2	3	60	74	808	755	868	829	28	27
14	—	—	—	—	—	—	—	—	29	28	544	463	573	491	4	4	29	28	544	463	573	491	4	4
15	—	—	—	—	—	—	—	—	16	19	479	413	495	432	4	4	16	19	479	413	495	432	4	4
16	111	104	1,205	1,100	1,316	1,204	31	29	8	8	207	167	215	175	3	2	119	112	1,412	1,267	1,531	1,379	34	31
17	77	84	673	586	750	670	27	10	18	16	401	388	419	404	6	4	95	100	1,074	974	1,169	1,074	33	14
Administrative County ...	799	883	9,965	9,165	10,764	10,048	281	278	251	260	5,824	5,214	6,075	5,474	69	60	1,050	1,143	15,789	14,379	16,839	15,522	350	338

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

In contrast to the above table, the statement inserted below provides, for the year 1959, details of the births (*a*) occurring in, and (*b*) finally belonging to the Administrative County area after reassignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still-births		Live births						Still-b'ths		Live births						Still-births	
	Premature		Mature		Total				Premature		Mature		Total				Premature		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in Administrative County	799	883	9,965	9,165	10,764	10,048	281	278	251	260	5,824	5,214	6,075	5,474	69	60	1,050	1,143	15,789	14,379	16,839	15,522	350	338
No. transferred out of Administrative County to areas of other L.H. Authorities	286	304	2,918	2,713	3,204	3,017	96	97	1	1	31	25	32	26	—	—	287	305	2,949	2,738	3,236	3,043	96	97
No. occurring in and belonging to Administrative County	513	579	7,047	6,452	7,560	7,031	185	181	250	259	5,793	5,189	6,043	5,448	69	60	763	838	12,840	11,641	13,603	12,479	254	241
No. transferred into Administrative County from areas of other L.H. Authorities ...	411	457	4,550	4,207	4,961	4,664	155	153	2	—	18	14	20	14	1	—	413	457	4,568	4,221	4,981	4,678	156	153
Final No. belonging to Administrative County	924	1,036	11,597	10,659	12,521	11,695	340	334	252	259	5,811	5,203	6,063	5,462	70	60	1,176	1,295	17,408	15,862	18,584	17,157	410	394

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwives in urban areas and district nurse-midwives in the rural areas. The numbers employed on the 31st December, 1959, are shown in the statement below and are compared with those employed in the previous four years :—

	No. employed at end of year.				
	1955	1956	1957	1958	1959
Midwives	182	182	180	178	183
Nurse-midwives ...	73	63	59	60	61

Supervision is carried out by a non-medical supervisor of midwives, a deputy and an assistant supervisor.

For the seventh consecutive year there was an increase over the previous year in the number of confinements attended by domiciliary midwives. In addition to an expected rise in the number of domiciliary confinements attended in health divisions Nos. 9 and 14, where there are development areas taking overspill populations from Liverpool and Manchester respectively, there was also a fairly large increase in health divisions Nos. 6, 10 and 13. The number of confinements attended by midwives working in hospitals situated in the Administrative County area increased considerably.

Of the total confinements attended by midwives in the Administrative County area, the proportion attended by County Council midwives and nurse-midwives continued to increase. In 1957 and 1958 it was 34·8 per cent. and in 1959 35·3 per cent.

The following table shows the number of confinements attended by midwives in the various services during each year from 1955 to 1959. These figures do not include miscarriages.

	Total confinements attended				
	1955	1956	1957	1958	1959
(*a*) Local Health Authority services—					
County Council midwives	9,137	9,678	10,282	10,514	10,867
County Council nurse-midwives ...	689	677	740	656	676
(*b*) Hospital services—					
In State hospitals	17,700	18,795	19,599	20,052	20,577
In voluntary hospitals	—	—	—	—	—
(*c*) In private practice—					
Domiciliary	52	23	14	24	17
Nursing homes, etc.	1,117	1,147	1,076	861	524
TOTAL—All services	28,695	30,320	31,711	32,107	32,661

In addition to these confinements, County Council midwives and nurse-midwives attend up to the 14th day after confinement those mothers who have been confined in hospital but discharged before the 14th day. In 1959 21,496 visits were made to 5,945 of these cases. The midwives and nurse-midwives also attended at 276 miscarriages.

Analgesia.—At the end of the year 209 trilene inhalers were being used by midwives and nurse-midwives. Most of the midwives and nurse-midwives who are qualified to administer inhalational analgesia now possess a trilene inhaler as well as a gas/air machine. In a few instances, however, nurse-midwives in adjoining areas who only attend a small number of cases are required to share a trilene inhaler.

Details of cases in which analgesia was administered are given below under the heading—" Statistics."

Oxygen Resuscitators.—As a result of trials carried out in 1956 it was decided to purchase several oxygen resuscitators, consisting of a small bulb of oxygen attached to a face mask, which could be used in cases of emergency such as asphyxia neonatorum. This type of equipment was issued to a further 41 midwives and nurse-midwives during the year, making a total of 222 held by midwives and nurse-midwives on the 31st December, 1959.

District Training of Pupil Midwives.—Thirty-eight of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction on district midwifery to pupil midwives taking Part II training. During the year 98 pupils were sent to County Council pupil midwife teachers from six hospitals situated in the Administrative County area.

Post-Graduate Training.—In accordance with the rules of the Central Midwives Board, 58 County Council midwives and nurse-midwives attended a residential post-graduate course during 1959.

Three of the County Council's supervisors attended a residential post-graduate course for supervisors of midwives at Bedford College, London, from the 15th to the 21st April, 1959.

A refresher course was also held for " Administrators in the midwifery field " during the period 13th to 18th July, 1959, and was attended by Miss V. R. Shand, the County supervisor of midwives, and Miss L. Jones, the County superintendent of home nurses.

First-Aid in Midwifery.—As in previous years the County supervisor of midwives gave a number of lectures on " First-aid in midwifery " to police personnel at the County Police Training Centre, Stanley Grange, Hoghton. Lectures were also give by the supervisor and her assistants to newly-appointed ambulance drivers and attendants.

Motor Transport.—At the end of 1959, 162 midwives or 89 per cent. of those employed were using a motor car for official duties. Thirty-seven of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nurse-midwives are given in the home nursing section of this report.

Systems of Relief and Night Rota Schemes.—The pressure of work on midwives in the domiciliary field has continued and from time to time has caused acute anxiety in some areas especially when for any reason a hospital ward has been closed at short notice. Every effort is made to assist the midwives by provision of cars or travelling allowances and assistance with the cost of driving lessons. In one area a night rota system has been started and is working satisfactorily. It has been found that for such a system a minimum of four midwives in one group is necessary. The scheme ensures that after the morning work has been completed at least two midwives of the group are available to take calls and that as far as possible the midwives are not on 1st or 2nd night call after an evening off duty. This scheme is popular with the midwives who are working it and will be extended to other groups of midwives who desire to work in this way. In some areas pressure of work and shortage of midwives will make it impracticable at present but the aim is to extend the scheme eventually to all midwives who wish to operate such a rota.

Pupil Midwives Hostel—Kirkby.—It is intended to purchase two semi-detached houses in Kirkby for use as a hostel for pupil midwives who will, in the course of their Part II training on district under the supervision of County Council midwife teachers, assist the domiciliary midwives working in this area. It is anticipated that the hostel will be in operation in mid-1960.

Housing of County Council Midwives.—Of the 183 midwives employed on the 31st December, 1959, 41 occupied houses owned by the County Council, 38 occupied houses rented by the County Council from local councils, two occupied houses rented by the County Council from private owners, whilst 25 tenanted houses direct from local councils. The remaining 77 midwives provided their own living accommodation.

STATISTICS

Information Relating to all the Midwifery Services in the Administrative County Area

Roll of Midwives.—The following table shows the distribution of all midwives on the County roll on the 31st December, 1959, in the various types of service :—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to give inhalational analgesia
(*a*) Local Health Authority services—			
County Council midwives	—	183	181
County Council nurse-midwives	—	61	61
(*b*) Hospital services—			
In State hospitals	5	272	264
In voluntary hospitals	—	—	—
(*c*) In private practice—			
Domiciliary	4	7	4
Nursing homes, etc.	—	13	13
Total—All services	9	536	523

Notifications.—Medical Aid, Stillbirths and Deaths.—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Supervising Authority, which were received during 1959 :—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still-births	Deaths	
			Mother	Child (under 1 month)
(*a*) Local Health Authority services—				
County Council midwives ...	1,510	105	1	24
County Council nurse-midwives	24	5	—	—
(*b*) Hospital services—				
*In State hospitals	506	37	1	10
In voluntary hospitals	—	—	—	—
(*c*) In private practice—				
Domiciliary	—	—	—	—
Nursing homes, etc.	18	10	—	2
Total—All services ...	2,058	157	2	36

* These notifications were received from midwives working in State hospitals having 15 or less maternity beds and no resident medical officer.

In the following table the numbers of notifications received from all midwives on the County roll during 1959 are compared with those for each of the four previous years :—

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1955	2,686	167	2	56
1956	2,311	188	1	45
1957	2 248	165	1	52
1958	2,160	150	5	54
1959	2,058	157	2	36

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives :—

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
			£ s. d.	£ s. d.
1955	2,686	362	1,172 3 6	3 4 9
1956	2,311	398	1,200 7 6	3 0 4
1957	2,248	243	753 19 6	3 2 1
1958	2,160	259	721 1 6	2 15 8
1959	2,058	205	651 18 0	3 3 7

Information Relating to the County Council Midwifery Service

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1959 and the four previous years :—

	1955		1956		1957		1958		1959	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements ...	9,137	689	9,678	677	10,282	740	10,514	656	10,867	676
Miscarriages ...	376	32	397	19	355	33	257	24	263	13
Totals... ...	9,513	721	10,075	696	10,637	773	10,771	680	11,130	689
	10,234		10,771		11,410		11,451		11,819	

Particulars of bookings of the general practitioners in connection with the confinements attended in 1959 by County Council midwives and nurse-midwives and of the actual presence of the doctor at delivery are given in the following table. The total births resulting from these confinements are also analysed as to presence of the doctor at delivery.

	Confinements					Total Births		
	Doctor not booked		Doctor booked		Total	Doctor present at delivery	Doctor not present at delivery	Total
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery				
Midwives ...	22	719	1,352	8,774	10.867	1,392	9,539	10,931
Nurse-midwives ...	1	79	208	388	676	211	467	678
Total	23	798	1,560	9,162	11,543	1,603	10,006	11,609

Of the 11,543 mothers attended in confinement by County Council midwives and nurse-midwives 10,722 or 93 per cent. had also booked a doctor. The doctor was present at the delivery in 1,560 or 15 per cent. of these 10,722 cases. There was no doctor present at 9,960 deliveries—86 per cent. of the total attended by all midwives. In 1958 a doctor had been booked at 91 per cent. of the cases attended by County Council midwives and nurse-midwives and had been present at the delivery of 15 per cent. of these. In that year there had been no doctor present at 86 per cent. of the total cases attended by midwives.

Midwives encourage their patients to book also with a doctor and a small card is used by the midwife to inform the doctor (with the patient's permission) that a particular patient has been booked. The doctor then informs the midwife whether and at what stage of labour he wishes to be called. It is gratifying to see that the number of patients who book a doctor is increasing.

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1959 :—

	Gas/Air				Pethidine		Trilene
	Alone	With Pethidine	With Trilene	With Pethidine and Trilene	Alone	With Trilene	
Midwives—							
Doctor present at delivery ...	35	42	3	62	61	699	359
Doctor not present at delivery	246	377	56	299	622	3,799	3,199
Nurse-midwives—							
Doctor present at delivery ...	34	51	2	13	9	51	38
Doctor not present at delivery	99	118	6	19	26	72	76
Total	414	588	67	393	718	4,621	3,672

The changing pattern in the use of the different types of analgesic during the last five years is shown below :—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which any analgesic was administered		Confinements at which the following analgesics were administered					
				Gas/Air		Pethidine		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1955	9,826	8,419	86	7,638	78	5,397	55	292	3
1956	10,355	9,121	88	6,540	63	5,751	56	2,291	22
1957	11,022	9,809	89	3,629	33	5,766	52	5,964	54
1958	11,170	10,046	90	2,014	18	5,845	52	8,036	72
1959	11,543	10,473	91	1,462	13	6,320	55	8,753	76

* Of total confinements attended by County Council midwives and nurse-midwives.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below :—

	1955	1956	1957	1958	1959
(*a*) Total No. of live and still births occurring in the Administrative County	29,047	30,748	32,037	32,382	33,049
(*b*) No. of (*a*) which were domiciliary ...	10,006	10,529	11,161	11,306	11,678
(*c*) No. of (*b*) which were attended by County Council midwives and nurse-midwives	9,902	10,427	11,098	11,237	11,609
(*d*) Percentage of (*c*) to (*a*)	34	34	35	35	35
(*e*) Percentage of (*c*) to (*b*)	99	99	99	99	99

In the following statement particulars are given, for 1959 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid :—

Deaths of mother or child (including deaths after removal to hospital)—

	1955	1956	1957	1958	1959
No. of live and still births attended	9,902	10,427	11,098	11,237	11,609
No. of deaths of mother	10	3	3	7	2
No. of deaths of child	102	86	82	83	82
Visits paid—					
Midwives	265,846	270,543	286,951	293,729	298,286
Nurse-midwives	22,623	22,109	22,948	22,210	22,333
TOTAL	288,469	292,652	309,899	315,939	320,619

	1955	1956	1957	1958	1959
*Visits to mothers confined in hospital and discharged before the 14th day	10,458	15,934	16,159	20,097	21,496
*Night visits (*i.e.*, between 9 p.m. and 8 a.m.)	14,063	15,857	16,877	16,289	15,364

* Included in totals above.

HEALTH VISITING

The following table shows, on a divisional basis, the details of visits paid by health visitors during the year, together with comparative totals for the years 1955 to 1958 :—

Health Division No.	Number of visits paid by health visitors during year to :—													Total visits
	Expectant mothers		Children under 5 years				Adults					Problem families	Other classes	
			Under one year		One year	2–4 years	Chronic sick		Aged & infirm	Illness and others				
	First visits	Total visits	First visits	Total visits			Under 65 years	65 yrs. & over	65 yrs. & over	Under 65 years	65 yrs. & over			
1	182	429	480	3,500	2,402	3,175	12	25	427	393	54	20	402	10,839
2	519	1,088	1,654	10,994	5,853	10,420	113	225	1,739	252	342	503	879	32,408
3	514	1,131	2,067	11,424	5,783	9,506	82	134	591	234	390	391	859	30,525
4	846	1,412	2,988	16,908	8,138	13,195	263	623	1,990	696	224	747	1,682	45,878
5	1,022	1,607	2,023	13,456	8,365	11,297	55	261	585	204	125	429	1,353	37,737
6	556	959	1,282	9,285	5,438	8,732	118	132	1,877	302	108	390	846	28,187
7	797	1,557	3,211	17,346	9,600	14,732	144	338	1,381	222	326	1,033	1,533	48,212
8	421	1,039	1,728	11,363	6,305	11,132	76	181	652	273	147	251	1,096	32,515
9	1,501	2,417	5,309	26,964	15,202	26.532	187	507	4,797	357	1,100	765	2,102	80,930
10	513	1,098	1,553	10,035	7,270	7,953	163	170	855	313	196	450	446	28,949
11	375	674	2,683	10,397	4,312	7,158	220	445	1,620	964	669	465	1,882	28,806
12	351	515	1,958	9,113	3,874	6,670	35	95	1,239	329	149	465	877	23,361
13	269	609	1,214	7,879	5,594	9,659	129	230	576	97	72	354	386	25,585
14	218	350	2,480	9,165	4,385	8,079	58	54	1,728	435	563	696	1,574	27,087
15	420	551	2,459	7,697	4,052	6,645	63	144	1,307	131	124	201	397	21,312
16	301	581	1,851	7,579	3,754	6,610	172	517	1,086	319	168	650	1,115	22,551
17	457	673	2,027	11,747	6,086	10,684	188	255	2,763	148	219	858	2,452	36,073
TOTAL—Administrative County														
1959 ...	9,262	16,690	36,967	194,852	106,413	172,179	2,078	4,336	25,213	5,669	4,976	8,668	19,881	560,955
1958 ...	8,624	15,673	35,507	182,835	98,694	160,757	1,789	4,122	20,634	5,295	3,900	24,394		518,093
1957 ...	8,193	14,613	34,335	177,658	95,746	158,848	1,881	4,383	15,784	5,183	3,103	17,649		494,848
1956 ...	7,299	13,473	32,464	168,721	91,103	156,358	1,916	4,006	12,307	5,983	2,672	8,249		464,788
1955 ...	6,879	12,797	30,082	173,342	98,205	164,616	2,180	4,856	10,919	7,852	2,650	1,689		479,106

The number of children under five years of age who were visited during the year totalled 157,341 and the number of households visited for all purposes was 122,204.

The professional supervision of the service is carried out by the superintendent health visitor and school nurse, a deputy and four assistants. At the end of the year there were 314 health visitors/school nurses, compared with 294 at the end of 1958. There were also 38 temporary school/clinic nurses assisting the health visitors with school health work and in clinics. While the situation improves each year the number employed still falls short of the authorised establishment, in spite of continuous efforts to recruit the required staff.

In order to stimulate recruitment, the County Council continued with the scheme instituted in 1948, under which financial assistance is granted to nurses undertaking training for the health visitor's certificate. During the year 22 nurses were assisted in this way and all succeeded in obtaining the certifieate.

Along with their routine duties for maternity and child welfare and school health work the health visitors continued to devote much of their time to visiting the aged and chronic sick. This type of visiting is very time-consuming but nevertheless worth while. More time was also spent on work with problem families. Frequent visiting of these families is required and also time to contact all the other social workers who in one way or another are concerned with the families. A special record was made of the number of visits to these families and it will be noted from the above table that they amounted to 8,668.

Health visitor students from the Liverpool, Bolton, Manchester, Leeds and London training schools accompanied health visitors in various parts of the County for practical work. This necessitated considerable planning and follow-up on the part of the supervisory staff. Student nurses from hospitals, district nurse students, student nursery nurses and students from the social studies departments of Manchester, Liverpool and Edinburgh Universities spent time with the health visitors to gain an understanding of their work in the social field. One post-graduate student taking her public health administration course was given the opportunity of learning something of the administration of the health visiting service in the County.

Lectures were given by the senior staff to student nurses in hospitals and to student nursery nurses and cadets at their training centres. Talks were also given at the Careers Conventions held in one division of the County during the year, to grammar school leavers in other areas and at old people's welfare voluntary visitors' training courses. Two health visitors gave courses of talks to the mothers in the moral welfare homes at Wilpshire and Lancaster. Two other health visitors still act as health tutors to nursery students and cadets at Morecambe and Lytham St. Annes centres.

The health visitors continued to do screening tests of hearing on children who come within the special groups considered to be at risk and those whose parents ask that their children should be tested. Home guidance was given to deaf children by the two specially trained health visitors who were in close contact with their colleagues at the Fulwood Diagnostic Clinic and Manchester University.

During the past year there was an increase in the amount of teaching in schools and clinics by the health visitors. In particular the facilities provided at the new clinics have encouraged this.

Two health visitors continued to do specialised duties in connection with the care of the aged and handicapped in two divisions. This is proving to be a valuable piece of work, especially with regard to the liaison with the hospital staffs and general practitioners but the "general duty" health visitors are still responsible for the routine visiting to these people.

Active co-operation between the health visitor and the general practitioner is encouraged and progress in this direction continued. Efforts are made by new staff to get to know the general practitioners in their areas and in one division during the last year a series of meetings with general practitioners was arranged. These meetings are very valuable in disseminating knowledge about the health visitors' sphere of work and are found to improve co-operation. In one area the health visitor attended the child welfare session held by a general practitioner in his own surgery.

Liaison with the geriatricians varies in form, *e.g.*, in one division a health visitor accompanies the geriatrician on domiciliary visits, 78 such visits being made during the year, and in another division the specialist health visitor attends the geriatrician's clinic.

In some divisions the staff took part in a survey of accidents to children in co-operation with the Alder Hey Children's Hospital, Liverpool. In another area a survey is at present being conducted into the problem of nocturnal enuresis, in co-operation with the Department of Social and Preventive Medicine at Manchester University.

Members of the staff attended post-certificate refresher courses organised by the Royal College of Nursing and the Women Public Health Officers' Association. Many attended the intensive teaching course organised by the Women Public Health Officers' Association and found it most helpful. Four members also attended the Central Council for Health Education course which they found very stimulating.

Poliomyelitis vaccination sessions continued and these were held not only during mornings and afternoons but also in the evenings. School nursing staff helped in relieving the health visitor of some of these and other clinic sessions so that they might continue with their most important task of home visiting of the old as well as the young.

During the year two conferences were held for health visiting staff at the County Hall, Preston. The first on " Civil Defence " took place on the 12th and 13th February and was repeated one week later so that as many as possible could attend. The programme was as follows :—

1st day—

Morning ... " An outline of Civil Defence," Major R. W. Bretherton, followed by a film produced by the Home Office.

Afternoon ... " The Biological Effects of Atomic Radiations," W. J. Meredith, Esq., M.Sc., Chief Clinical Physicist, Christie Hospital and Holt Radium Institute, Manchester.

2nd day—

Morning ... (1) " Military Support in Civil Defence," Col. T. P. Sewell, A.D.M.S. 42 (Lancs.) Inf. Div., T.A., and Deputy County Medical Officer of Health, Lancashire County Council.

(2) " Homeless Persons," Dr. T. S. Jones, Chief Assistant County Medical Officer of Health, Lancashire County Council.

Afternoon ... W.V.S. " One-in-Five " scheme.

"A" & "B" Talks ... Mrs. T. E. St. Johnston, W.V.S.

"C" Talk ... ... Miss M. James, Health Visitor, Lancashire County Council.

The second conference, of one day's duration, was held on the 26th November and repeated on the 30th November. The speaker was Dr. Sylvia K. Guthrie, Consultant Paediatrician, Duchess of York Hospital for Babies, Manchester, whose subjects were " The Young Cerebral Palsied Child " and " Phenylketonuria." Films were also shown and following the lectures there was general discussion in which various questions were answered.

HOME NURSING SERVICE

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses.

Staffing.—Details of the numbers of staff employed in 1959 and in each of the four preceding years are given in the statement below :—

Staff category	1955	1956	1957	1958	1959
District nurses (general nursing only)	285	315	338	345	351
District nurses (general nursing and midwifery)	68	58	56	57	57
District nurses (general nursing, midwifery and health visiting)	5	5	3	3	4
TOTAL	358	378	397	405	412

Of the 412 nurses employed on the 31st December, 1959, 353 were state registered nurses of whom 300 or 85 per cent. were " district " trained, and 59 were state enrolled assistant nurses engaged in the main in nursing the aged and chronic sick. In addition 11 nurses were employed part-time and were engaged in general nursing.

The supervision of district nurses was carried out by a superintendent, a deputy superintendent and eight assistants.

Cases Attended.—In the following statement particulars are given of the number of cases attended by the district nurses during 1959 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1955	1956	1957	1958	1959
General nursing cases attended	48,507	48,625	49,291	47,478	46,497
No. of visits paid to these cases	1,180,400	1,241,255	1,303,251	1,297,232	1,277,760
Average No. of visits per case	24·3	25·5	26·4	27·3	27·5
No. of casual advisory visits	59.095	66,738	64,358	63,130	55,734
* No. of other advisory interviews	—	—	—	—	28,247

* This category of visits was introduced in 1959 to differentiate between visits to patients' homes (casual advisory visits) and casual interviews not at the patients' homes (other advisory interviews).

Whilst the figures quoted above give a factual account of the total number of cases nursed during the year and the number of attendances by the nurses to those cases, they do not provide any indication of the types of cases nursed, the variety of treatments involved, the frequency of visitation, etc. For this reason, and in order to obtain a detailed statistical picture of the clinical pattern of home nursing work done in the County area, the automatic collation of data taken directly from the nursing record of each case in which attendance ceased during the year has been continued. The resultant information drawn from such an analysis provides a reasonable appreciation of the differing types of cases and of the demands which the service is required to meet.

A total of 34,106 records of cases on which attendance ceased during 1959 were analysed during the year. A summary of the case records examined arranged in order of frequency according to the groups of diseases and by certain specified age groups is given below :—

Disease or ailment	Total cases	Age groups (years)				
		0–	5–	15–	45–	65–
Senility and other ill-defined conditions	5,885	52	114	879	1,749	3,091
Diseases of respiratory system (other than tuberculosis)	4,784	385	324	1,054	1,225	1,796
Diseases of digestive system	3,216	166	170	565	906	1,409
Diseases of the heart and circulatory system ...	2,889	16	2	175	747	1,949
Anaemias and other blood diseases	2,794	29	11	732	741	1,281
Diseases of the central nervous system	2,697	3	1	110	531	2,052
Diseases of the skin	2,315	123	232	723	575	662
Diseases of the genito-urinary system	1,883	278	30	651	360	564
Cancer	1,703	3	7	113	690	890
Accidents, injuries, etc. (including burns and scalds)	1,536	156	163	295	296	626
* Infective and parasitic diseases	1,160	44	79	473	352	212
Diseases of bones and organs of movement (including rheumatism and arthritis)	816	3	13	101	249	450
Diseases of eye, ear and mastoid process	768	210	246	155	103	54
Diabetes	572	—	7	21	141	403
Mental, psychoneurotic disorders	77	—	—	19	31	27
All other conditions	1,011	47	17	800	78	69
TOTAL—All conditions	34,106	1,515	1,416	6,866	8,774	15,535

* Including tuberculosis of respiratory system.

A similar statement in rather more detail is given in Table 12, page 181.

During the last few years it has become increasingly evident that a larger proportion of the work of the home nurse is being devoted to the care of the aged and infirm. This is borne out by several factors. The group of cases classified to " Senility and other ill-defined conditions," of which persons of 65 years and over form some 53 per cent., was in 1952 the fourth in the list of principal conditions nursed and formed only 10·2 per cent. of the total cases. It now heads the list and accounted in 1959 for 17·3 per cent. of the total cases. Again, in 1952, 37 per cent. of the total patients were aged 65 years or over, whereas in 1959 these formed 45·5 per cent. This trend is also reflected in the gradual alteration which has taken place in the average duration of treatment and the visits involved. In 1952, the average duration of treatment was 6·9 weeks ; in 1959, it was 13·4 weeks. The average number of visits per case in 1952 was 22·0, whereas in 1959 it had risen to 31·5, whilst the average number of visits per case each week had fallen from 3·2 in 1952 to 2·4 in 1959.

Another interesting feature of the changing pattern of home nursing over the past few years is the very considerable rise in the number of cases of anaemia and other blood diseases attended. In 1952 these cases numbered 679 ; in 1959, they totalled 2,794—an increase of no less than 311 per cent. This rise, which proportionately is fairly general throughout the sex/age groups, is not necessarily indicative of an increased prevalence of anaemic conditions, but rather, when considered in conjunction with the rise in the number of injection treatments nowadays administered by the home nurse, of a change toward the utilisation of the nurses' services for cases requiring treatment by means of injections.

Other changes which have taken place in the pattern of cases attended are shown by the fairly rapid decline in cases of disease of the eye, ear and mastoid process from 1,326 in 1952 to 768 in 1959, and of diseases of the skin from 3,741 in 1952 to 2,315 in 1959. Cases of diseases of the genito-urinary system have also fallen during the period from 2,373 to 1,883.

In Table 13 on page 182 a detailed analysis is provided of the duration of treatments and frequency of visits in relation to the various groups of ailments of the cases on which attendance ceased during 1959. In all it will be seen that a total of 1,072,934 visits were paid to the 34,106 cases throughout the period they were receiving nursing care. This represents an average of 31·5 visits per case or 0·9 more than the corresponding figure for the previous year. Night visits, *i.e.*, those between 9 p.m. and 8 o'clock the following morning, numbered 3,589 or 0·3 per cent. of the total visits and were in the main to cancer and skin cases. The average duration of treatment for all types of cases was 13·4 weeks as compared with 12·8 weeks in the analysis in 1958 but the weekly

attendances per case remained the same at 2·4 visits. Such averages as these hide, of course, the wide variation which exists between the specific averages of the differing types of cases and for this reason it is of interest to compare these, not only one with another, but over a period of time. In the table following therefore the average duration of treatment and frequency of visitation for each of the groups of ailments over the last five years is given.

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Tuberculosis of respiratory system ...	12·3	16·1	18·0	21·9	21·9	45·8	57·3	70·2	83·5	87·4	3·7	3·6	3·9	3·8	4·0
Other infective and parasitic diseases...	6·2	6·4	7·7	6·2	5·6	18·3	20·0	30·1	19·8	20·3	2·9	3·1	3·9	3·2	3·6
Cancer	8·4	9·4	9·0	8·9	8·4	35·4	41·1	38·3	44·8	34·2	4·2	4·4	4·3	5·0	4·1
Diabetes	28·8	24·1	29·0	28·0	32·3	127·9	130·7	146·4	153·1	184·8	4·4	5·4	5·0	5·5	5·7
Anaemias and other blood diseases ...	34·8	36·2	31·6	31·9	31·6	44·7	43·6	43·3	40·8	39·9	1·3	1·2	1·4	1·3	1·3
Mental, psychoneurotic disorders ...	12·6	15·3	16·9	11·5	16·3	28·8	38·8	25·8	21·1	26·0	2·3	2·5	1·5	1·8	1·6
Cerebral haemorrhage, cerebral embolism and thrombosis	10·3	9·3	10·4	11·0	10·4	33·3	33·0	36·9	36·6	32·5	3·2	3·5	3·5	3·3	3·1
Other diseases of central nervous system	20·3	22·6	18·3	20·6	23·7	54·5	64·2	51·0	59·1	62·1	2·7	2·8	2·8	2·9	2·6
Diseases of eye, ear and mastoid process	1·6	1·9	1·9	2·2	3·3	8·9	8·6	9·9	9·3	16·2	5·5	4·5	5·1	4·2	4·9
Diseases of heart and circulatory system	15·1	16·3	19·3	22·1	24·4	36·1	37·0	40·0	43·1	48·5	2·4	2·3	2·1	2·0	2·0
Influenza	2·2	1·9	1·7	3·6	2·2	9·6	9·7	9·1	16·2	11·0	4·4	5·1	5·4	4·5	5·0
Pneumonia	2·7	2·7	2·6	3·7	3·2	13·4	13·7	13·4	15·8	16·6	4·9	5·1	5·1	4·3	5·2
Bronchitis	3·2	3·4	3·3	4·3	4·6	12·8	13·0	13·3	14·7	15·5	4·0	3·8	4·0	3·4	3·4
Other diseases of respiratory system ...	2·3	2·3	3·2	2·3	2·2	10·8	11·3	15·9	10·6	10·7	4·7	4·8	5·0	4·5	4·9
Diseases of digestive system	3·5	3·6	4·1	4·4	4·5	11·1	11·7	13·2	13·4	12·6	3·2	3·2	3·2	3·0	2·8
Diseases of genito-urinary system ...	20·4	22·3	21·9	23·4	27·1	21·9	23·1	23·0	24·3	26·3	1·1	1·0	1·1	1·0	1·0
Diseases of the skin	4·5	4·9	6·0	7·1	7·7	16·9	18·2	22·0	22·3	26·3	3·8	3·7	3·7	3·1	3·4
Diseases of bones and organs of movement (including rheumatism and arthritis)	29·7	30·0	32·5	31·6	28·0	69·9	73·8	71·6	71·0	59·0	2·4	2·5	2·2	2·2	2·1
Senility and ill-defined conditions ...	7·1	7·8	9·1	9·6	9·9	18·7	18·9	22·1	22·8	23·3	2·6	2·4	2·4	2·4	2·4
Burns and scalds	4·6	4·4	4·9	5·1	5·7	18·2	17·8	18·8	18·6	24·9	4·0	4·1	3·9	3·7	4·4
Other accidents, injuries, etc. ...	6·7	6·2	7·1	8·1	9·3	20·5	19·3	22·6	23·7	26·5	3·1	3·1	3·2	2·9	2·8
All other conditions	6·3	8·4	7·0	6·8	6·5	18·1	24·7	18·9	18·0	18·2	2·9	2·9	2·7	2·6	2·8
TOTALS—Administrative County ...	9·6	10·7	11·5	12·8	13·4	25·3	27·3	29·0	30·6	31·5	2·6	2·6	2·5	2·4	2·4

As mentioned earlier, the overall picture is that during the past few years, although the total number of cases terminated each year has varied little, there has been a steady annual rise in the average period over which the attendance of the nurse has been required, with a corresponding, though not proportionate, increase in the average number of visits per case and a consequent slight fall in the average number of visits per case per week. Thus it would appear that more and more of the cases with which the home nurse today is called upon to deal are longer term cases than formerly.

The groups in which are to be found the bulk of old people, *viz.*, senility and ill-defined conditions, cerebral haemorrhage, cerebral embolism and thrombosis, and diseases of the heart and circulatory system, although varying somewhat in duration from as long as six months for the latter to only 9–10 weeks for the two first mentioned, necessitate, on average, two to three visits per week.

On the other hand, whilst forming only roughly 2 per cent. of all the cases nursed, the diabetic makes the greatest demand on the nurse in terms of number of visits over a long period. Although again relatively few in number, cases of respiratory tuberculosis have during the past few years made increasing demands on the home nursing service in as much as since 1955, whilst visitation has been maintained at between 3½ and 4 visits per week, the average duration of treatment has risen from 12·3 to 21·9 weeks with a consequent increase in the average number of visits per case from 45·8 to 87·4.

Although the weekly rate of visitation is comparatively low, cases of anaemia and other blood diseases and diseases of the bones and organs of movement are all of relatively long duration.

The general medical practitioner is, of course, chiefly instrumental in calling in the home nurse to patients and, as regards the cases terminated in 1959, did so in 86·3 per cent. Hospitals referred 9·9 per cent., whilst in 2·4 per cent. the nurses responded to requests from patients themselves, their relations or friends—some degree of urgency usually being involved. Of the remaining cases, 1·0 per cent. were referred by public health authorities, 0·1 per cent. by chest physicians and in a further 0·3 per cent. the calls emanated from miscellaneous sources, such as the police.

Whilst there have been no extremes of variation in these proportions over the past few years, there has been a noticeable change in the general pattern. Although the percentage of requests from general practitioners has remained fairly consistent with a slight tendency to fall, there has been a small though steady rise in the proportion of cases referred by hospitals in that in 1952 the percentage was 6·5 whilst by 1959 it had gradually risen to 9·9. This is doubtless attributable to the greater use of the home nurses' services now being made by hospitals for the giving of pre-operative treatment and for pre-X-ray preparation and is borne out by the steady increase in this type of case dealt with by home nurses during the past few years.

Again, whilst the proportion of cases referred by public health authorities is only small, it has shown a progressive increase during the last seven years, possibly by reason of the impact of the ever-widening domiciliary welfare services.

On the other hand, the proportion of cases which were the subject of direct application by the patients themselves or their relatives or friends has steadily declined from 4·2 per cent. in 1952 to 2·4 per cent. in the last two years.

The principal reasons for the cessation of the nurses' attendances on the cases under review in 1959 are summarised below. These are analysed in detail, according to disease or ailment and by health divisions, in Tables 13 and 14 on pages 182 and 183.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent	19,165	56·2
Died	5,045	14·8
Admitted to hospital	5,305	15·6
Out-patient, X-ray, etc.	2,438	7·1
Gone away	1,226	3·6
Nurse withdrawn	833	2·4
Others	94	0·3

The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1959. These have been classified to the main groups of treatments commonly required of the nursing profession.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care	7,146	21·0
General nursing care with injections	1,159	3·4
General nursing care with dressings and poultices	584	1·7
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata	403	1·2
Septic dressings and poultices	1,095	3·2
Dry dressings	2,954	8·7
Burns and scalds—dressings and treatments	430	1·3
Pre-operative treatment and pre-X-ray	2,419	7·1
Blanket baths (once, twice or thrice weekly)	666	2·0
Douche and pessaries	436	1·3
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout	2,189	6·4
Injections (hypodermic or intramuscular)	13,419	39·3
Injections (hypodermic or intramuscular) with dressings	690	2·0
Operations	7	0·0
Eyes, ears, nose and throat treatments	136	0·4
Skin treatments	155	0·5
Care of patients in plaster casts and splints	169	0·5
Others	49	0·1

Although a good proportion of the cases are of the types requiring little more than general nursing care the most common service provided is that of giving hypodermic or intramuscular injections, either alone or in conjunction with dressings or general nursing care, and such were given in some 44 per cent. of the cases. In both 1958 and 1959, however, the numbers of injection cases have shown a slight falling off. The steadily rising trend in recent years in the number of cases where the nurse was called upon to prepare the patient for certain types of operative treatment or for X-ray examination was again evident in the analysis for 1959.

Post-Certificate Training.—During the year three training courses were held at the County Council's training centre. Twenty-six nurses attended, 24 of whom passed the examination of the Queen's Institute of District Nursing and were enrolled as Queen's nurses. Accommodation at the Garstang Road Congregational Sunday School, Preston, was used throughout the year as a training centre.

As in previous years a specialised course for assistant nurses employed in the home nursing service was held at the District Training Centre. Nine assistant nurses attended the course which was of three weeks' duration.

The Queen's Institute organised a residential course for nursing administrators which was held at the Red Cross Training Centre, Barnett Hill, Wonersh, Guildford, from the 2nd to the 9th October, and was attended by one of the assistant superintendents. In addition two assistants attended a conference of Queen's Institute Training Home superintendents. A further course, also arranged by the Queen's Institute, for nursing staff engaged in administrative, supervisory and/or teaching duties, was held at Roffey Park, Sussex, from the 6th to the 11th April, and was attended by the County superintendent of home nursing.

Three Queen's Institute residential refresher courses were held during the year and 70 of the County Council's district nurses attended at Durham, Keele and London.

A one-day refresher course was held at the County Hall on the 6th October when the morning's subject was "Instruction and Techniques." The speaker was Mr. J. Keohane, A.M.I.E.E., the Regional Training Officer, Ministry of Labour. In the afternoon a panel answered questions, put by the nurses attending, on all aspects of their work and also on administrative problems. The programme was repeated on the 3rd November, when the speaker was Miss A. Roberts, B.Sc., Dip.Ed., A.I.I.A., A.I.P.M., Technical and Education Officer, Burroughs Wellcome & Co. Approximately 200 County Council nurses attended on each day together with several nurses from other authorities.

Transport.—The following table gives details of the number of motor vehicles in use by district nurses and nurse midwives during the five years 1955–1959 :—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1955		1956		1957		1958		1959	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District nurses and Superintendents ...	172	5	198	10	225	10	243	8	266	7
County Council	94	—	96	—	94	—	95	—	83	—
TOTAL	266	5	294	10	319	10	338	8	349	7
Proportion (per cent.) of total staff ...	73	1	76	3	80	2	83	2	85	2

Note.—Included under the heading "auto-cycles" are all forms of motorised bicycles, *i.e.*, auto-cycles, scooters and motor assisted bicycles.

Housing.—During the year one house—80, Thomas Street, Lees—was purchased for occupation by a district nurse.

The following table sets out details of the housing of superintendents and nurses during the past five years :—

Premises	Nurses accommodated				
	1955	1956	1957	1958	1959
Owned by County Council	60	58	59	51	54
Rented by County Council from District Councils ...	29	27	33	32	37
Rented by County Council from private owners	11	15	14	9	7
Rented by nurses from District Councils	26	29	26	28	32
Owned by nurses or rented by them from private owners...	238	258	274	294	292
TOTAL	364	387	406	414	422

VACCINATION

Vaccination against Smallpox.—The County Council, as local health authority, are responsible for making adequate arrangements for the vaccination of infants against smallpox, and for this purpose vaccination sessions are held as necessary at child welfare centres or other appropriate places. The sessions are almost invariably conducted by the divisional medical staffs although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them if necessary. At the same time, all medical practitioners, whether or not providing general services under Part IV of the National Health Service Act, 1946, may provide service under the County Council's arrangements for vaccination against smallpox. They are required to furnish records on a prescribed form and payment is made therefor in accordance with an agreement between the Minister of Health and the profession. At the end of 1959 general practitioners participating in these arrangements numbered 1,049.

The following statement shows for each health division and for the Administrative County the numbers of primary vaccinations and re-vaccinations performed during 1959. For the purposes of comparison the corresponding figures for the Administrative County for the previous five years are also given. The figures, whilst relating to vaccinations and re-vaccinations actually performed during the years indicated, take into account all record cards received up to the 31st May, 1960.

Health Division No.	Primary Vaccinations Performed						Re-vaccinations Performed					
	Age in years						Age in years					
	Under 1	1–	2–	5–	15–	Total	Under 1	1–	2–	5–	15–	Total
1	365	7	11	12	15	410	—	2	—	7	56	65
2	1,029	22	26	45	60	1,182	7	2	7	18	181	215
3	871	40	27	39	87	1,064	2	—	8	42	171	223
4	1,315	53	39	38	87	1,532	1	1	2	16	173	193
5	521	34	22	41	81	699	—	—	2	14	97	113
6	253	23	9	25	45	355	—	—	1	7	69	77
7	1,858	38	67	82	138	2,183	2	5	30	126	405	568
8	897	17	23	28	44	1,009	—	—	1	1	53	55
9	2,354	74	101	81	92	2,702	1	1	16	37	210	265
10	617	25	18	36	64	760	—	2	3	6	110	121
11	960	65	36	32	116	1.209	2	—	6	13	134	155
12	1,011	35	21	33	84	1,184	—	—	10	8	145	163
13	531	35	6	28	13	613	6	2	2	9	102	121
14	1,125	37	37	37	83	1,319	1	2	11	19	171	204
15	1,178	42	42	41	84	1,387	1	3	5	25	186	220
16	951	47	43	42	50	1,133	—	3	13	36	196	248
17	896	58	48	32	67	1,101	—	1	7	12	112	132
Total— Admin. County—												
1959	16,732	652	576	672	1,210	19,842	23	24	124	396	2,571	3,138
1958	16,076	680	831	963	1,203	19,753	20	11	102	425	3,422	3,980
1957	14,010	606	629	771	1,393	17,409	27	11	137	497	3,325	3,997
1956	11,967	481	430	483	1,091	14,452	22	11	95	359	2,672	3,159
1955	10,807	513	421	486	1,006	13,233	23	10	83	296	2,327	2,739
1954	10,038	529	468	493	1,009	12,537	8	4	92	254	2,331	2,689

A decline in the numbers of primary vaccinations performed in the remaining child age groups was more than offset by an increase in the total of infants vaccinated at ages under one year. Since this latter feature must be related to the slightly larger infant population which was eligible, however, it did not in fact represent an improvement in real acceptance of infant vaccination, as is shown in the following table of acceptance rates for each health division and for the Administrative County. Such rates express as a percentage of the live births occurring in each year the number of infants under one year of age vaccinated against smallpox.

Health Division No.	No. of notified live births					No. of children under one year vaccinated					Infant vaccination "acceptance rate" (per cent.)				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
1	500	529	572	509	513	353	306	387	381	365	70·6	57·8	67·7	74·9	71·2
2	1,466	1,433	1,594	1,621	1,667	706	707	845	963	1,029	48·2	49·3	53·0	59·4	61·7
3	1,483	1,597	1,621	1,704	1,843	533	493	752	765	871	35·9	30·9	46·4	44·9	47·3
4	2,402	2,494	2,647	2,609	2,901	666	866	1,026	1,117	1,315	27·7	34·7	38·8	42·8	45·3
5	1,903	1,891	1,952	1,990	2,166	251	308	380	514	521	13·2	16·3	19·5	25·8	24·1
6	1,177	1,243	1,261	1,228	1,283	248	266	314	407	253	21·1	21·4	24·9	33·1	19·7
7	2,396	2,609	2,795	3,014	3,057	1,337	1,487	1,681	1,883	1,858	55·8	57·0	60·1	62·5	60·8
8	1,543	1,639	1,726	1,731	1,765	512	511	700	779	897	33·2	31·2	40·6	45·0	50·8
9	3,618	4,013	4,485	4,568	4,963	1,656	1,741	1,762	2,271	2,354	45·8	43·4	39·3	49·7	47·4
10	1,246	1,235	1,473	1,417	1,474	432	633	489	572	617	34·7	51·3	33·2	40·4	41·9
11	2,364	2,525	2,539	2,726	2,655	285	455	634	733	960	12·1	18·0	25·0	26·9	36·2
12	1,703	1,793	1,772	1,850	1,858	712	709	781	881	1,011	41·8	39·5	44·1	47·6	54·4
13	1,130	1,059	1,126	1,165	1,226	256	376	415	494	531	22·7	35·5	36·9	42·4	43·3
14	1,899	2,146	2,317	2,213	2,331	892	948	1,171	1,219	1,125	47·0	44·2	50·5	55·1	48·3
15	1,754	2,081	2,109	2,249	2,230	677	839	1,078	1,131	1,178	38·6	40·3	51·1	50·3	52·8
16	1,588	1,681	1,756	1,763	1,777	811	833	873	1,050	951	51·1	49·6	49·7	59·6	53·5
17	1,674	1,865	1,941	1,962	2,032	480	489	722	916	896	28·7	26·2	37·2	46·7	44·1
Administrative County ...	29,846	31,833	33,686	34,319	35,741	10,807	11,967	14,010	16,076	16,732	36·2	37·6	41·6	46·8	46·8

The rate of 46·8 per cent. recorded for the Administrative County in 1958 and repeated in 1959 was the highest achieved under the operation of the National Health Service Act. To give some perspective to this figure it might be added that it was roughly double the rates applying during the 'thirties when the Vaccination Acts provided for compulsory vaccination in infancy.

The overall burden of vaccination and re-vaccination at all ages during 1959 was shared almost equally between general practitioner and clinic. However, more primary vaccinations were performed at County Council clinics during 1959 than in any other year and almost all were of pre-school children. Whilst the greater proportion of re-vaccinations at all ages and primary vaccinations of school children and adults continued to be carried out by general practitioners, the clinics absorbed the greater part of the increased demand for primary vaccination of infants and young children. Between 1954 and 1959, in fact, the number of such vaccinations carried out at County Council clinics has virtually doubled.

The following statement shows by age groups the numbers of primary vaccinations and re-vaccinations undertaken during 1959 at (*a*) clinics, etc., either by the Council's own medical officers, or by general practitioners engaged by the County Council, and (*b*) by general practitioners in the course of their private practice. For the purposes of this table, any vaccinations performed by medical staffs of hospitals have been included with the latter category. Comparable figures for the Administrative County for each of the preceding five years are also given.

Health Division No.	No. of vaccinations and re-vaccinations performed during the year ended 31st December, 1959																							
	At clinics												By general practitioners in course of private practice						Total					
	By divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1 ...	119	—	4	—	—	—	—	—	—	—	—	—	264	2	8	7	15	56	383	2	12	7	15	56
2 ...	591	6	5	—	1	3	—	—	—	—	—	—	486	10	40	18	59	178	1,077	16	45	18	60	181
3 ...	595	3	12	6	17	37	—	—	—	—	—	—	343	7	27	36	70	134	938	10	39	42	87	171
4 ...	768	1	6	—	1	—	—	—	—	—	—	—	639	3	32	16	86	173	1,407	4	38	16	87	173
5 ...	177	—	5	2	2	2	—	—	—	—	—	—	400	2	36	12	79	95	577	2	41	14	81	97
6 ...	180	—	5	—	3	4	—	—	—	—	—	—	105	1	20	7	42	65	285	1	25	7	45	69
7 ...	957	1	15	3	54	49	—	—	—	—	—	—	1,006	36	67	123	84	356	1,963	37	82	126	138	405
8 ...	730	—	15	—	1	—	—	—	—	—	—	—	207	1	13	1	43	53	937	1	28	1	44	53
9 ...	1,558	6	21	1	12	10	182	—	4	—	—	—	789	12	56	36	80	200	2,529	18	81	37	92	210
10 ...	80	2	1	—	1	—	—	—	—	—	—	—	580	3	35	6	63	110	660	5	36	6	64	110
11 ...	323	4	27	11	81	114	—	—	—	—	—	—	738	4	5	2	35	20	1,061	8	32	13	116	134
12 ...	752	—	7	—	1	3	—	—	—	—	—	—	315	10	26	8	83	142	1,067	10	33	8	84	145
13 ...	506	8	19	3	2	57	—	—	—	—	—	—	66	2	9	6	11	45	572	10	28	9	13	102
14 ...	714	1	2	3	4	9	—	—	—	—	—	—	485	13	35	16	79	162	1,199	14	37	19	83	171
15 ...	949	1	8	2	—	1	—	—	—	—	—	—	313	8	33	23	84	185	1,262	9	41	25	84	186
16 ...	465	1	14	2	—	18	—	—	—	—	—	—	576	15	28	34	50	178	1,041	16	42	36	50	196
17 ...	787	3	4	—	4	1	—	—	—	—	—	—	215	5	28	12	63	111	1,002	8	32	12	67	112
TOTAL—Administrative County—1959 ...	10,251	37	170	33	184	308	182	—	4	—	—	—	7,527	134	498	363	1,026	2,263	17,960	171	672	396	1,210	2,571
1958 ...	9,572	28	247	58	101	321	213	—	9	—	—	1	7,802	105	707	367	1,102	3,100	17,587	133	963	425	1,203	3,422
1957 ...	7,933	30	133	47	115	248	118	—	2	—	2	—	7,194	145	636	450	1,276	3,077	15,245	175	771	497	1,393	3,325
1956 ...	6,125	16	71	16	63	227	156	—	—	—	—	—	6,597	112	412	343	1,028	2,445	12,878	128	483	359	1,091	2,672
1955 ...	5,630	21	72	11	37	158	161	—	2	—	—	1	5,950	95	412	285	969	2,168	11,741	116	486	296	1,006	2,327
1954 ...	5,173	11	96	8	28	163	21	—	—	—	—	—	5,841	93	397	246	981	2,168	11,035	104	493	254	1,009	2,331

P—Primary vaccinations. R—Re-vaccinations.

No instances were reported during the year of vaccination with which there occurred generalised vaccinia, post-vaccinal encephalomyelitis or death from any other complication of vaccination.

Propaganda on infant vaccination was pursued on the lines which past experience suggests to be the most effective, posters, leaflets and other forms of public advertisement being used to supplement as required the personal advice and persuasion of the divisional medical staffs, health visitors and midwives in direct contact with the mothers during domiciliary visits or attendances at child welfare centres and clinics.

Vaccination against Poliomyelitis.—Throughout 1959 vaccination against poliomyelitis was available on registration to all persons born in 1933 or subsequently, provided, in the case of infants, they had reached the age of six months, and to persons born prior to 1933 if they were in one of the following special categories—expectant mothers, general medical practitioners and members of their families, ambulance personnel and their families and hospital staffs who came into contact with patients, medical students and the families of these two groups. The year began with every prospect of a high and sustained pressure of demand upon both staff and facilities. In September of the previous year the programme had been extended by the Ministry to cover young adults born in the years 1933 to 1942 and also to provide for a third injection to be given to all who had received the primary vaccination. During the last three months of 1958 little progress had been made in respect of this extension and the indications were that the response from the young adults would be disappointing. Regardless of what new registrations might be made in the forthcoming year, however, the completion of the course of three injections for those already registered in 1958 was anticipated to involve in 1959 the giving of some 360,000 injections.

There was no appreciable increase in demand for vaccination during the first three months and this allowed some inroad to be made into the huge task of reinforcing the existing vaccinations by third injections. The concurrent processes of satisfying the demand for primary vaccination and carrying out the reinforcement programme proceeded at roughly the same level and in total volume of work corresponded to the peak period of 1958 which occurred in July. In the week ended the 14th February nearly 10,000 completed primary vaccinations and reinforcement injections were given—more than in any other week since the commencement of the scheme—and in the week ended the 11th April they exceeded 10,000, although by this time reinforcement injections had begun to preponderate over completed primary vaccinations. There was still little sign, however, of any wide appreciation of the value of vaccination amongst the young adults until, at the beginning of April, the news of the death from poliomyelitis of a well-known young sportsman achieved what propaganda literature had failed to do. Demand for vaccination rose immediately and steeply and, in order to cope with this and at the same time take advantage of the possibly temporary nature of the upsurge in interest amongst young adults, " open " sessions were established at which eligible persons could receive vaccination without the necessity for prior registration. Parallel to this activity visits of the vaccinating teams to factories and other large workplaces were stepped up wherever possible.

In view of the lapse of time between first injection, which was not recorded statistically, and completion of primary vaccination, progress throughout the County did not become visible for approximately a month. In the week ended the 16th May completed vaccinations and reinforcement injections leapt up to more than 15,000, an increase of approximately 50 per cent. over the previous highest total. A fortnight later they reached nearly 18,000, declined slightly the following week to rather more than 16,000 and thereafter, for the next seven weeks, averaged 11,000 to 12,000. Throughout this period it was necessary to reduce work on the reinforcement programme, and the great majority of the numbers quoted above in fact related to primary vaccinations completed. In the week ended the 1st August primary vaccinations were back at the level of 10 weeks earlier, before the sudden upsurge, and once more it was possible to make up some of the leeway in the reinforcement programme—albeit at a rather more comfortable pace.

Needless to say the exceptional " output " of that period could not have been achieved without much extra effort, in terms of both work and time, on the part of medical, nursing and clerical staffs, without the co-operation of many general practitioners and without some interference with certain other health services. That it was achieved with relatively little dislocation of these services reflects great credit upon everyone concerned.

Particulars of the total registrations effected and of the vaccinations performed during 1959 are given on a divisional basis below, together with a statement of the cumulative position at the end of the year :—

Health Division No.	Registrations received in 1959	Vaccinations completed in 1959				Reinforcements (3rd injections) given in 1959	Position at 31st December, 1959		
		Children born 1943–59	Persons born—		Total		Total registrations received	Total vaccinations completed	Total reinforcement injections given
			1933–42	Prior to 1933					
1 ...	2,916	1,551	1,919	177	3,647	7,791	9,975	9,910	7,896
2 ...	9,854	5,429	5,849	475	11,753	12,875	26,502	24,827	12,880
3 ...	12,505	8,751	5,043	735	14,529	13,009	25,700	25,368	13,171
4 ...	12,772	10,841	6,463	813	18,117	21,926	42,383	38,817	24,019
5 ...	11,600	10,897	5,873	586	17,356	13,870	28,705	28,462	16,205
6 ...	4,092	4,914	2,172	291	7,377	7,762	16,011	15,764	8,047
7 ...	11,207	6,731	4,516	557	11,804	24,243	37,525	37,206	24,640
8 ...	10,191	6,246	4,561	383	11,190	12,626	23,357	23,075	13,366
9 ...	16,422	13,606	4,107	555	18,268	9,440	38,431	36,800	10,734
10 ...	6,518	8,103	2,822	312	11,237	6,100	17,513	17,404	6,102
11 ...	11,413	10,039	5,237	564	15,840	16,357	33,234	32,799	17,153
12 ...	10,737	6,499	5,639	583	12,721	14,870	30,014	28,281	16,222
13 ...	4,348	3,519	2,620	252	6,391	8,021	14,366	14,184	8,626
14 ...	9,845	7,441	4,161	465	12,067	15,762	28,946	28,663	18,290
15 ...	12,440	6,492	6,064	856	13,412	19,345	34,383	33,246	23,018
16 ...	7,635	3,562	5,414	596	9,572	15,061	27,820	27,655	19,508
17 ...	9,976	7,418	3,863	523	11,804	14,579	25,205	24,972	15,595
TOTAL—Administrative County	164,471	122,039	76,323	8,723	207,085	233,637	460,070	447,433	255,472

Registrations received in 1959 were more than 4,000 fewer than in the preceding year. On the other hand primary vaccinations were some 39,000 more than in 1958, and reinforcement injections rose from nearly 22,000 to 234,000. Besides enabling the primary vaccination of over 55,000 still awaiting it at the end of 1958 the strenuous efforts of 1959 therefore disposed also of all but 13,000 of the current year's registrations. Of these 13,000 nearly 5,000 had received their first injections by the end of the year. Excellent progress was also made in the reinforcement programme. This had scarcely got under way in the last three months of 1958, only 21,835 third injections having been given by the end of the year. Twelve months later the cumulative total of 255,472 reinforcement injections represented 57·1 per cent. of the total primary vaccinations performed since the inception of the scheme. This proportion might well have been a little higher but by the end of the year the unfortunate fact was already beginning to manifest itself that many of the young adults were no longer interested and were in fact ignoring the appointments made for the reinforcement of their initial protection.

Poliomyelitis Vaccination in Relation to Child Population.—After due allowance for area of residence of the children vaccinated in the Administrative County and of County children vaccinated in other local health authority areas, and for any deaths or removals of residence known to have occurred subsequent to vaccination, the records show that of all children under 15 years of age living in the County area at the 31st December, 1959, 65·0 per cent. had been protected as compared with 45·9 per cent. a year earlier. The corresponding proportions for the constituent pre-school and school age groups were respectively 53·2 per cent. and 70·8 per cent. as compared with 37·2 and 50·1 per cent. respectively at the end of 1958.

IMMUNISATION

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1959, the number of general practitioners who were taking part in the arrangements for immunisation was 1,049. Whilst practitioners are themselves able to obtain prophylactics by individual prescriptions through chemists (*i.e.*, under Part IV of the National Health Service Act), 249 obtained supplies during 1959 through the divisional medical officers.

The scheme of immunisation lays upon the health visitors the duty of securing the presentation of as many infants as possible for primary immunisation before their first birthday—ideally at the age of three or four months for the pertussis, the combined and the triple prophylactics and some three months later for the diphtheria—and for reinforcement injections as required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcement injections as necessary during the period of school life.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement injection in the Administrative County area during 1959.

Antigen used	Primary immunisations						Reinforcement injections				
	Age at date of final injection						Age group				
	Under 5 years				5–14 years incl.	Total 0–14 years	Under 5 years	5–14 years inclusive			Total 0–14 years
	0–	1–	2–	Total				5–	10–	Total	
Diphtheria only ...	438	186	291	915	1,686	2,601	1,157	10,794	5,013	15,807	16,964
Whooping cough only...	153	49	23	225	29	254	27	10	1	11	38
Diphtheria and whooping cough (combined)	3,699	775	392	4,866	457	5,323	325	606	52	658	983
Diphtheria, whooping cough and tetanus (combined)	16,117	2,721	1,300	20,138	460	20,598	910	1,096	207	1,303	2,213
Diphtheria and tetanus (combined)...	23	11	29	63	97	160	3	4	2	6	9
Tetanus only	—	—	2	2	1	3	—	1	—	1	1

A decline of some 600 primary immunisations against diphtheria only and an increase of over 2,000 where the triple antigen was used were a continuation of the experience of previous years, demand for the multiple antigens increasing relatively as that for the single antigens fell. The total of 28,939 primary immunisations carried out in 1959, regardless of antigen used, was 1,686 more than in the preceding year and corresponded to nearly 76,000 primary immunisation procedures, had single antigens been used throughout. Of all infants under one year of age receiving primary immunisation only three per cent. had other than the combined diphtheria/whooping cough or the triple antigen.

The following table shows the relationship between the total numbers of immunisations performed with the various antigens during 1959 as to those undertaken (*a*) at County Council clinics, either by general practitioners on behalf of the local health authority or by the County Council's own medical staff, and (*b*) by general practitioners in the course of their private practice.

Antigen used		At clinics						By general practitioners in course of private practice			Total		
		By divisional medical staff			By general practitioners on sessional basis								
		0— years	5— years	15 years and over	0— years	5— years	15 years and over	0— years	5— years	15 years and over	0— years	5— years	15 years and over
Diphtheria only ...	P	453	1,248	—	122	34	—	340	404	21	915	1,686	21
	R	975	13,859	99	48	1,214	—	134	734	59	1,157	15,807	158
Whooping cough only	P	91	11	—	3	—	—	131	18	2	225	29	2
	R	27	2	—	—	—	—	—	9	—	27	11	—
Diphtheria and whooping cough (combined) ...	P	3,065	410	1	289	1	—	1,512	46	—	4,866	457	1
	R	239	460	—	2	2	—	84	196	2	325	658	2
Diphtheria, whooping cough and tetanus (combined) ...	P	13,082	254	2	1,108	30	—	5,948	176	28	20,138	460	30
	R	475	765	—	142	14	—	293	524	33	910	1,303	33
Diphtheria and tetanus (combined) ...	P	57	92	—	3	—	—	3	5	—	63	97	—
	R	3	4	—	—	—	—	—	2	—	3	6	—
Tetanus only ...	P	1	1	—	—	—	—	1	—	—	2	1	—
	R	—	—	—	—	—	—	—	1	—	—	1	—
TOTAL ...	P	16,749	2,016	3	1,525	65	—	7,935	649	51	26,209	2,730	54
	R	1,719	15,090	99	192	1,230	—	511	1,466	94	2,422	17,786	193

P—Primary immunisation (complete course). R—Reinforcement injection.

As the numbers of individuals afforded protection against the specific diseases are not readily ascertainable from the foregoing tables, the following paragraphs deal separately and in more detail with immunisation against each disease regardless of the type of antigen used.

Immunisation against Diphtheria.—Below are given particulars of the numbers of children in each health division and in the Administrative County as a whole who (*a*) completed a full course of primary immunisation against diphtheria and (*b*) were given a reinforcement injection against diphtheria during the year ended 31st December, 1959, regardless of whether the antigen used was one specifically and solely for that purpose or one of the " combined " preparations also affording protection against whooping cough and/or tetanus. The corresponding County totals for each of the five previous years are also shown. Any necessary adjustments have been made to all totals so as to take into account all record cards received by the 31st May, 1960, in respect of both primary immunisations and reinforcement injections performed in the years shown.

Diphtheria Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1959									No. of children who were given a reinforcement injection (*i.e.*, subsequent to complete course) during the year ended 31st Dec., 1959			
	Age at date of final injection									Age group			
	0–	1–	2–	3–	4–	Total under 5 years	5–	10–	Total aged 5–14 years incl.	0–	5–	10–	Total 0–14 years incl.
1	349	89	18	14	10	480	25	5	30	124	184	49	357
2	1,063	228	54	32	16	1,393	45	5	50	142	866	820	1,828
3	1,054	170	35	17	8	1,284	9	13	22	42	181	15	238
4	1,534	301	50	38	25	1,948	184	158	342	244	1,424	1,069	2,737
5	974	227	62	30	37	1,330	239	50	289	142	1,221	127	1,490
6	731	151	32	10	11	935	7	1	8	17	254	105	376
7	1,823	348	93	41	33	2,338	46	49	95	22	273	52	347
8	1,185	88	38	8	25	1,344	167	47	214	140	1,328	135	1,603
9	2,235	469	159	88	68	3,019	593	25	618	55	1,338	52	1,445
10	764	122	20	17	13	936	20	37	57	75	265	7	347
11	1,564	288	54	26	34	1,966	153	17	170	193	684	313	1,190
12	1,343	186	44	35	29	1,637	91	19	110	283	818	470	1,571
13	673	80	23	15	14	805	26	17	43	30	346	525	901
14	1,253	247	82	38	53	1,673	195	26	221	98	807	770	1,675
15	1,487	241	93	54	56	1,931	86	52	138	327	735	387	1,449
16	1,063	175	45	32	25	1,340	209	8	217	153	1,280	251	1,684
17	1,182	283	90	40	28	1,623	67	9	76	308	496	127	931
Administrative County—													
1959	20,277	3,693	992	535	485	25,982	2,162	538	2,700	2,395	12,500	5,274	20,169
1958	18,553	4,198	866	421	450	24,488	2,003	671	2,674	1,911	11,348	5,965	19,224
1957	16,458	4,311	779	427	412	22,387	1,848	470	2,318	1,904	11,810	5,371	19,085
1956	14,415	4,876	1,067	592	520	21,470	2,422	691	3,113	2,113	14,374	6,428	22,915
1955	12,735	6,019	1,243	684	724	21,405	3,014	563	3,577	2,260	16,330	6,314	24,904
1954	11,749	6,788	1,254	673	687	21,151	3,077	849	3,926	1,982	15,228	6,591	23,801

Whilst the number of children immunised annually in the Administrative County area can be seen in the above table to have increased slowly, to the extent of 14 per cent. throughout the quinquennium, a redistribution by age group is apparent during the period which has resulted in an overall increase by 73 per cent. in infants receiving primary immunisation before their first birthdays. This process, which is to be welcomed, is almost certainly due to the extended use of the multiple antigens which, to provide their most effective protection against whooping cough, are given to infants several months earlier than is the case with the antigen for diphtheria only.

Diphtheria Immunisation in Relation to Child Population.—Individual immunity tends to wane with the passage of time and for this reason it is not only necessary to ascertain the number of children who have at some time received protective inoculation but, what is more important, the proportion of children in any age group who have had a course of immunisation (whether " primary " or " booster ") *within the last five years*—a measure which, whilst not precise, does at least provide a straightforward index of the immunity to diphtheria in the population.

The table below, therefore, shows the number of children under 15 years of age at the 31st December, 1959, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1945) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since

been reinforced by booster doses of antigen. Additionally, by expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1959, as a percentage of the population in that age group, an immunity index is provided.

Immunisation State of Child Population at 31st December, 1959

Number of children at 31st December, 1959, who had completed a course of immunisation *at any time before that date* (*i.e.*, at any time since 1st January, 1945)

Age at 31st December, 1959	Under 1	1–4	5–9	10–14	Under 15
i.e., born in year	1959	1958–1955	1954–1950	1949–1945	Total
Last complete course of injections (whether primary or booster)—					
A—1955–1959	9,479	81,139	79,868	53,726	224,212
B—1954 or earlier	—	—	50,783	97,180	147,963
C—Estimated mid-year child population	34,700	126,000	326,900		487,600
Immunity Index : 100 $\frac{A}{C}$	27·3	64·4	40·9		46·0

From the above it will be seen that of a total child population of 487,600, 224,212 or 46·0 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1959, and may therefore be regarded as possessing a high degree of immunity. Additionally 147,963 children between the ages of five and 15 years, or 30·3 per cent. of the total child population, had at some time prior to 1955 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

The statement below shows for 1959 and each of the preceding five years the number of children under 15 years of age at the 31st December in each year who had completed a course of injections (primary or booster) during the previous five years, together with the corresponding immunity indices.

At 31st December		No. of children	Estimated mid-year population	Immunity index (per cent.)
Age (in years)	Year			
Under 1	1954	2,984	28,920	10·3
	1955	4,117	28,900	14·2
	1956	4,728	30,600	15·5
	1957	5,835	31,900	18·3
	1958	7,596	33,400	22·7
	1959	9,479	34,700	27·3
1–4	1954	78,760	119,080	66·1
	1955	74,680	117,400	63·6
	1956	71,779	116,700	61·5
	1957	74,137	118,600	62·5
	1958	77,024	121,400	63·4
	1959	81,139	126,000	64·4
5–14	1954	138,307	304,000	45·5
	1955	145,071	310,100	46·8
	1956	145,113	316,600	45·8
	1957	142,888	321,500	44·4
	1958	140,883	325,600	43·3
	1959	133,594	326,900	40·9
Total under 15 years	1954	220,051	452,000	48·7
	1955	223,868	456,400	49·1
	1956	221,620	463,900	47·8
	1957	222,860	472,000	47·2
	1958	225,503	480,400	46·9
	1959	224,212	487,600	46·0

The success or otherwise of an immunisation campaign must rest largely on attaining the protection of a high proportion of children at the earliest possible age, with a continuation of the acquired immunity by means of subsequent reinforcement injections during school life. Whilst the near elimination of the disease has rendered more difficult the attainment of that objective, it is encouraging to see that although the proportion in the infant group is still below the desired level it has nevertheless shown a marked increase over the last few years. With regard to the annual indices for this group, however, it must be pointed out that, in fact, they understate the real position in that, as immunisations are not normally given at ages under three months, of the infants aged less than one year at the end of each year only roughly three-quarters can have been eligible to receive a complete course of injections during the preceding 12 months.

The improvement in the index for infants under one year of age has been reflected to some extent in the last few years in that relative to the remaining pre-school group aged 1–4 years, but there has been a definite deterioration in the immunity state of children of school age. This, no doubt, stems from the necessary diversion of the available manpower resources to vaccination against poliomyelitis with the consequent inability to maintain the normal programme in schools of giving reinforcement injections against diphtheria. Thus, at the present time, rather less than half of the total child population under 15 years of age can be considered to be in a satisfactorily immunised state.

Diphtheria Notifications and Deaths in Relation to Immunisation.—The table following shows by age group the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age during the year ended 31st December, 1959, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the five previous years.

Diphtheria Notifications and Deaths in relation to Immunisation, 1954–1959

Notifications							Age (in years)		Deaths					
1954	1955	1956	1957	1958	1959				1954	1955	1956	1957	1958	1959
1	—	—	—	—	—	C	Under 1	D	—	—	—	—	—	—
—	—	—	—	—	—	I		I	—	—	—	—	—	—
5	3	1	—	—	—	C	1–4	D	—	—	—	—	—	—
1	1	—	—	—	—	I		I	—	—	—	—	—	—
7	8	—	—	1	1	C	5–9	D	—	—	—	—	1	—
2	—	—	—	—	1	I		I	—	—	—	—	—	—
—	1	1	1	—	—	C	10–14	D	—	—	—	—	—	—
—	1	1	—	—	—	I		I	—	—	—	—	—	—
13	12	2	1	1	1	C	Total under 15 years	D	—	—	—	—	1	—
3	2	1	—	—	1	I		I	—	—	—	—	—	—

C—No. of cases notified D—No. of deaths
I—No. of instances in figure above in which the child had completed a full course of immunisation.

As in the previous year only one case of diphtheria was notified amongst the child population—that of a school child who had been immunised at an early age. The case did not prove fatal and with the exception of the one recorded last year there has been no death from diphtheria since 1953.

Immunisation against Whooping Cough.—The following table gives particulars of the numbers of children in each health division and in the Administrative County as a whole who during 1959 completed a full course of primary immunisation against whooping cough or were given a reinforcement injection, regardless of whether the antigen was one solely for that purpose or one of the combined preparations also affording protection against diphtheria or against diphtheria and tetanus. The corresponding County totals for the period from 1st April to 31st December, 1955, and for the intervening years are also given. The figures take into account all record cards received by the 31st May, 1960.

Whooping Cough Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1959									No. of children who were given a reinforcement injection (*i.e.*, subsequent to complete course) during the year ended 31st December, 1959			
	Age at date of final injection									Age group			
	0–	1–	2–	3–	4–	Total under 5 years	5–	10–	Total aged 5–14 years incl.	0–	5–	10–	Total 0–14 years incl.
1	348	89	17	14	10	478	18	4	22	121	148	22	291
2	1,061	226	54	30	16	1,387	30	—	30	44	80	24	148
3	1,048	166	35	17	5	1,271	10	3	13	15	93	5	113
4	1,529	300	51	36	24	1,940	31	4	35	175	241	43	459
5	921	212	55	25	16	1,229	15	5	20	22	82	8	112
6	718	135	31	5	9	898	9	1	10	6	74	3	83
7	1,816	344	87	38	30	2,315	26	4	30	13	55	9	77
8	1,183	88	37	8	18	1,334	58	9	67	20	43	—	63
9	2,186	433	132	81	52	2,884	420	6	426	32	133	4	169
10	759	121	18	14	11	923	19	1	20	62	181	3	246
11	1,550	281	44	19	20	1,914	40	2	42	21	52	3	76
12	1,322	178	40	26	24	1,590	43	9	52	246	103	14	363
13	668	73	20	12	11	784	12	2	14	3	2	6	11
14	1,216	225	71	36	30	1,578	62	10	72	26	147	104	277
15	1,477	236	87	48	31	1,879	22	15	37	55	67	3	125
16	1,032	177	45	31	20	1,305	13	3	16	76	85	8	169
17	1,135	261	70	33	21	1,520	35	5	40	325	126	1	452
Administrative County—													
1959	19,969	3,545	894	473	348	25,229	863	83	946	1,262	1,712	260	3,234
1958	18,166	4,009	788	350	268	23,581	440	81	521	908	1,177	144	2,229
1957	15,895	4,024	677	391	243	21,230	430	58	488	558	1,033	108	1,699
1956	13,678	4,459	1,018	587	359	20,101	460	60	520	476	933	110	1,519
1955 (from 1st April)	8,529	3,961	856	500	358	14,204	379	56	435	272	668	325	1,265

Continuing but unspectacular improvement is reflected in the above totals for the Administrative County. It is perfectly clear, however, that of those parents who since the inception of the scheme have secured the protection of their children in infancy only a minority have considered it necessary to seek reinforcement of that protection upon attainment of school age.

Whooping Cough Immunisation in Relation to Child Population.—The following table, similar to that given earlier in respect of diphtheria immunisation, shows the number of children under five years of age at the 31st December, 1959, who had completed a course of immunisation against whooping cough at any time before that date, classified by annual age groups as to those having had the course or a reinforcement injection within the three preceding years (and thereby considered to be in a satisfactory state of immunity) and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in the former classification as a percentage of the estimated population in the corresponding age group an immunity index is provided.

Number of children at 31st December, 1959, who had completed a course of immunisation *at any time before that date* (*i.e.*, at any time since 1st January, 1955).

Age at 31st December, 1959	Under 1	1–	2–	3–	4 but under 5	Under 5 Total
i.e., born in year	1959	1958	1957	1956	1955	
Last complete course of injections (whether primary or booster) given in period—						
X—1957–59	9,490	19,478	20,351	13,591	2,836	65,746
Y—1955–56	—	—	—	6,238	14,220	20,458
Z—Estimated mid-year child population	34,700	126,000				160,700
Immunity Index, 100 $\frac{X}{Z}$	27·3	44·6				40·9

In the following statement, covering the period since the County Council's scheme for immunisation against whooping cough was instituted on the 1st April, 1955, the number of children under five years of age at the 31st December of each year who had completed a course of injections (primary or booster) during the previous three years are shown together with the comparable immunity indices :—

At 31st December				
Age (in years)	Year	No. of children	Estimated mid-year population	Immunity index (per cent.)
Under 1	1955	4,593	28,900	15·9
	1956	5,618	30,600	18·4
	1957	5,558	31,900	17·4
	1958	6,940	33,400	20·8
	1959	9,490	34,700	27·3
1–4	1955	19,525	117,400	16·6
	1956	34,694	116,700	29·7
	1957	46,104	118,600	38·9
	1958	53,109	121,400	43·7
	1959	56,256	126,000	44·6
Total under 5 years	1955	24,118	146,300	16·5
	1956	40,312	147,300	27·4
	1957	51,662	150,500	34·3
	1958	60,049	154,800	38·8
	1959	65,746	160,700	40·9

From the above it will be seen that since the inception of the whooping cough immunisation scheme on the 1st April, 1955, steady progress has been made and that by the end of 1959 over 40 per cent. of all pre-school children were in a satisfactorily immunised state. In addition a further 16·2 per cent. in the age group 1–4 had at some time previously been immunised but had not been given a reinforcement injection to maintain the immunity at its highest level.

It will be appreciated too, that, as in the case of diphtheria immunisation, the immunity indices relative to the infant group under one year of age understate the proportion of the actual eligible child population immunised in that immunisation is not normally given to those under three months old.

Whooping Cough Notifications and Deaths in Relation to Immunisation.—The following table shows by annual age groups the number of notifications of, and deaths from, whooping cough amongst children under five years of age during the year ended 31st December, 1959, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the four previous years. It is pleasing to report that for the second successive year there was no death from whooping cough, either amongst children under five or at any age.

Notifications						Age (in years)		Deaths				
1955	1956	1957	1958	1959				1955	1956	1957	1958	1959
303	446	274	128	227	C	Under 1	D	2	4	2	—	—
20	26	28	8	10	I		I	—	—	—	—	—
422	521	352	144	276	C	1–	D	—	1	1	—	—
48	84	73	19	50	I		I	—	—	—	—	—
491	639	392	191	327	C	2–	D	2	—	—	—	—
25	91	76	39	61	I		I	—	—	—	—	—
544	828	405	172	335	C	3–	D	—	—	—	—	—
17	68	44	21	71	I		I	—	—	—	—	—
502	825	461	184	316	C	4 but under 5	D	—	—	—	—	—
12	45	43	29	65	I		I	—	—	—	—	—
2,262	3,259	1,884	819	1,481	C	Total under 5 years	D	4	5	3	—	—
122	314	264	116	257	I		I	—	—	—	—	—

C—No. of cases notified D—No. of deaths.
I—No. of instances included in preceding column in which child had completed a full course of immunisation.

In relation to the estimated population of children under five years of age at risk, the notifications during 1959 represent an incidence of whooping cough five and a half times heavier amongst those who have not been immunised than amongst those who have at some time received such protection.

Immunisation against Tetanus.—Provision for protection against tetanus is included in the County Council's immunisation scheme but in practice it is rarely demanded except as an incidental to protection against either diphtheria or both whooping cough and diphtheria. A statement of the numbers of immunisations performed with the antigens incorporating protection against tetanus is given earlier in this section of the Report. In all, 20,761 children under 15 years of age were so immunised, 16,140 of them being infants aged less than one year and all but 558 being of pre-school age. In addition, 2,223 reinforcement injections were given.

AMBULANCE SERVICE

Radio Communication Scheme.—At the commencement of 1959 radio control was fully operative in radio areas Nos. 1, 4 and 5. The Ministry of Health had originally approved the purchase of 150 mobile radio sets and installation parts for 193 vehicles and consent was later obtained to the purchase of an additional 59 mobile radio sets and 70 sets of installation parts. Delivery of these was completed in January, 1959, the service then being fully equipped with 209 mobile sets and 263 sets of installation parts. This permitted the introduction of radio control into areas Nos. 2 and 3. The system was fully operational in area No. 2 on the 1st May and in area No. 3 on the 3rd June.

Whilst the system of radio control therefore came into County-wide use on the 3rd June, 1959, the implementation of the radio scheme as a whole is not yet complete inasmuch as staff adjustments at certain stations, modifications to telephone reception arrangements, etc., are still under consideration.

Details of the five radio areas, together with the location of the transmitter sites and control centres, are reproduced in the table below :—

Radio Area No.	Health divisions covered	Fixed remote station site	Control centre
1	Parts of Divisions 1 and 2, plus the whole of 3 and 4	Barnacre	Broughton House
2	Divisions 5 and 6 and parts of 12 and 13	Hameldon	Accrington
3	Divisions 7, 8, 9 and 10	Billinge Beacon	Whiston
4	Divisions 11, 15 and 16	Winter Hill	Swinton
5	Divisions 14, 17 and parts of 12 and 13	Hebers	Radcliffe

Ground Communications.—Private Telephone Network.—The network of private telephone wires which links together almost all the stations of the County service has remained basically unchanged during the year under review. Auxiliary ringing apparatus was, however, installed on the telephones at control centres to increase the speed with which stations could contact control. This apparatus ensures that, should the control telephone called by a station already be engaged, the next available number will be selected automatically. Consequently, contact can be established immediately unless all control telephones are already engaged.

In July a private wire was installed between the Radcliffe control and the headquarters of the Oldham County Borough ambulance service. Although not connected into the network, this private wire has been of great value in maintaining liaison between the two ambulance services in an area where the non-coincidence of the G.P.O. telephone exchange areas and the local authority areas creates some difficulties.

Telephone Reception Centres.—It is the policy, as experience of the operation of radio control is gained, to reduce the number of stations receiving telephone calls from outside the service. In cases where this has been done, the calls have thereafter been routed to the appropriate control centre. In accordance with this policy, the telephone watch at the Eccles station was discontinued in March and calls formerly received there are now routed to the Swinton control centre.

Communication with Hospitals.—In order to expedite communication and achieve economy, a number of the larger hospitals in the Administrative County are linked to County ambulance stations by private wire. At the close of the year under review eight hospitals were so connected.

Agency Arrangements.—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1959, still served by agency agreements with the authorities indicated :—

Agency	Area served	Estimated population, 1959
Westmorland C.C. ...	Ulverston R.D. (part)—(Skelwith ; Hawkshead ; Claife)	1,290
Blackburn C.B.C. ...	Blackburn R.D. (part)—(Livesey ; Pleasington ; Mellor ; Ramsgreave ; Balderstone ; Osbaldeston ; Clayton-le-Dale ; Salesbury ; Wilpshire ; Dinckley) ... ... Preston R.D. (part)—Samlesbury (part)	9,150
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne ; Cliviger ; Habergham Eaves ; Dunnockshaw)	—
Warrington C.B.C. ...	Warrington R.D. (part)—(Penketh ; Great Sankey ; Burtonwood (part) ; Winwick (part) ; Croft ; Poulton-with-Fearnhead ; Woolston ; Rixton-with-Glazebrook)	27,520
Bolton C.B.C. ...	Turton U.D.	12,420

In addition, agency arrangements with taxi firms were in operation at Clitheroe and Darwen.

Vehicles.—In addition to control of the fleet of ambulances, dual purpose and sitting case cars, the ambulance service is also responsible for the vehicles operated by other services administered by the health department, *i.e.*, nursing, domiciliary midwifery, welfare, health education and civil defence.

At the 31st December, 1959, 398 vehicles were operated by the Health Department, of which 256 belonged to the ambulance service fleet comprising the following types of vehicle :—

Ambulances	
Standard type ambulances equipped with two stretchers, one fixed and one collapsible	139
Ambulance transferred to the County Council in 1948	1
Long distance ambulances	4
Dual Purpose Vehicles	
Standard type ambulances converted by the removal of the main stretcher gear to carry eight sitting case patients or one stretcher case and four sitting case patients	10
Twelve-seater sitting case vehicles capable of adaptation to carry up to two stretcher cases	9
Eight-seater sitting case vehicles capable of adaptation to carry one stretcher case	32
Sitting Case Vehicles	
Four-seater utility type vehicles	59
Miscellaneous Vehicles	
Stores/radio collection and delivery	2
Total ...	256

The ambulances now have an average age of 9·4 years and mileages varying between 62,000 and 231,000; the dual purpose vehicles have an average age of 2·3 years and mileages varying between 19,000 and 76,000, whilst the sitting case cars have an average age of 5½ years and mileages varying between 20,000 and 216,000.

New Vehicles.—During 1959 two new eight-seater dual purpose vehicles were delivered in completion of an order placed in December, 1957. A further order for 12 eight-seater dual purpose vehicles was placed during the year under report. They are to be built to a similar specification to those already in service except that a longer wheelbase chassis is to be used which will improve the riding and handling qualities.

Three of the new vehicles are to be equipped with automatic chassis lubricators to enable operational experience to be gained with a view to fitting the equipment in all future ambulances. The lubricator will render the routine oiling of the chassis by the driver unnecessary and thereby increase the operational availability of the vehicle.

Also during 1959 extensive testing was carried out with a view to finding a suitable chassis on which to build future ambulances. The few chassis currently available which are built specially for ambulance purposes were considered too expensive and consequently the tests were confined to commercial type chassis in the 1¼ to 2 ton range. The possibility of improving the riding qualities by fitting modified types of suspension was investigated and visits were made to body manufacturers to determine the latest trends in body design and construction. By the end of the year chassis tests had been completed and it was anticipated that during the early part of 1960 orders would be placed for the first 30 replacement ambulances. These, whilst being somewhat of an experimental nature, will provide the experience necessary to enable a decision to be made as to the type of ambulance with which to replace the remainder of the fleet.

Disposal of Vehicles.—The reduction of the fleet to conform with the radio scheme proposals resulted in the sale of 33 vehicles—14 ambulances and 19 sitting case cars.

Maintenance and Repair of Vehicles.—Ambulance vehicles are maintained and repaired by the Central Vehicle Maintenance Unit workshops and mobile service vans under the control of the Chief Fire Officer. Daily and weekly servicing routines are carried out by ambulance personnel, the schedules including minor checks and adjustments, cleaning and greasing.

The Central Vehicle Maintenance Unit workshops, in addition to carrying out routine maintenance and repairs, are fully equipped to undertake all types of work from body repairs to engine reconditioning and also carry out modifications and improvements to vehicles and equipment as may be found necessary.

Vehicle Mileages.—Despite a reduction in the number of ambulance service vehicles to conform to the radio scheme establishment, the gross mileage of the fleet during 1959 increased by 183,101 to 4,523,648. The following table shows the gross mileages covered annually since 1948 :—

Year	Total annual mileage				
	Ambulances	Dual purpose vehicles	Sitting case cars	Total—all vehicles	Increase or decrease on previous year (per cent.)
1949	1,627,246	—	818,926	2,446,172	—
1950	1,979,443	—	1,320,757	3,300,200	+ 34·9
1951	2,132,561	—	1,656,913	3,789,474	+ 14·8
1952	2,171,413	—	1,722,108	3,893,521	+ 2·7
1953	2,168,699	—	1,955,101	4,123,800	+ 5·9
1954	2,317,127	—	2,115,974	4,433,101	+ 7·5
1955	2,554,196	—	2,070,117	4,624,313	+ 4·3
1956	2,671,998	—	1,936,869	4,608,867	— 0·3
1957	2,480,388	434,673	1,549,008	4,464,069	— 3·1
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8
1959	2,419,107	890,897	1,213,644	4,523,648	+ 4·2

The decrease in the number of vehicles in service and the increase in the gross mileage of the fleet during the year has resulted in marked increases in the average annual mileages of the individual vehicles, as the following table illustrates :—

Type of vehicle	Average annual mileage per vehicle		Increase on 1958 (per cent.)
	1958	1959	
Ambulance	15,422	16,799	8·9
Dual purpose vehicles	12,707	17,469	37·5
Sitting case cars	17,371	20,570	18·4
All vehicles	15,447	17,810	15·3

Health Service Saloon Cars.—For purposes of maintenance and repair health service saloon cars are the responsibility of the ambulance service central administration. At the 31st December, 1959, the fleet comprised 132 vehicles with an average age of 5½ years. During the year the total mileage covered was 820,987, an increase of 11·8 per cent. over that for 1958.

An acute shortage of cars for district nurses and midwives was experienced during 1959, due to the disposal of 16 cars which in view of their poor condition were scheduled for replacement rather earlier than had been anticipated and also to the greatly increased demand.

Although the fleet strength was abnormally low at the end of the year more cars were allocated to users than ever before, this being achieved at the temporary expense of the reserve fleet. The number of nurses and midwives now passing the driving test is creating a demand for cars which is difficult to anticipate, but it is hoped that an order placed in November, 1959, for 37 new cars will considerably ease the situation. Twenty-five of these are intended to replace existing vehicles of 10 years of age and the remaining 12 are additional cars to help to meet the increasing demand. It is expected that delivery will be completed early in 1960.

For purposes of maintenance and repair, saloon cars are withdrawn to workshops of the C.V.M.U. every 5,000 miles. In addition, a fortnightly servicing schedule is carried out at local garages. The latter comprises the oiling and greasing of the whole vehicle, adjustments to controls and minor mechanical repairs.

Staff.—The number of operational staff employed on the 31st December, 1959, was 692 compared with 684 at the end of 1958.

Termination of Telephone Manning.—Eccles Ambulance Station.—The staff establishment at Eccles ambulance station provides that under the radio control scheme a saving of four men should be made by the termination of the telephone watch and the routing of all G.P.O. telephone calls to Swinton control centre. This change was made during the year, the category of Eccles station being thereby altered from " main " to "depot."

Wesham Ambulance Station.—The radio scheme establishment provides for the closure of Wesham ambulance station which at the beginning of 1959 was operating as a " day station," employing three men. Following a survey made during the year of the emergency cover available at the other stations in the area, it was decided to seek the approval of the Ministry of Health to the retention of this station on the basis of one ambulance to be manned for 16 hours daily—from 8 a.m. to midnight—and to the necessary increase in the staff establishment to five men. The Ministry's approval was given, subject to a review in twelve months time, and the revised arrangements took effect in September, 1959.

Leyland, Bamber Bridge and Penwortham Ambulance Stations.—The new ambulance station at Moss Lane, Leyland, opened in February, 1959, and the Bamber Bridge station was then closed in accordance with the provisions of the radio scheme establishment. The Health Committee decided that Penwortham station, which was also scheduled for closing on the opening of the new station at Leyland, should remain open for the time being operating one ambulance on a 24 hour basis and employing eight men, pending experience in the operation of the new station at Leyland and of the use of the new motorway by traffic during the summer months.

Assistant Radio Controllers.—When the establishment for radio control centres was formulated, the procedure for the reception of telephone calls provided for G.P.O. calls to be made to " main " stations in the radio area where they were co-ordinated as far as possible and passed on to the control centre. Since then, however, the introduction by the G.P.O. of an extended 3d. toll call service has made it feasible to close the telephone reception points at a number of " main " stations and to re-route the calls directly to the control centre, thereby effecting savings in telephone staff at the stations concerned. This system has proved more efficient and has permitted a greater control of the service, but at the same time has placed more responsibility on the staff of the control centres. In 1959 a review was made of the staffing arrangements at the control centres and it was decided that the rank of shift leader—which the 20 male assistants had hitherto held—should be replaced at control centres by a new and higher grade to be known as " assistant radio controller." Arrangements were in hand at the end of the year for the necessary staff to be appointed early in 1960.

The Health Committee at the same time decided that the provision in the existing establishment for one female control room assistant at each radio control centre should be withdrawn as it had been found impracticable in the light of experience to fill these posts.

Transport Officers at Hospitals.—The arrangement whereby the post of transport officer at Ashton-under-Lyne Infirmary was filled by shift leaders from Ashton-under-Lyne station working on a rota basis was ended during the year and a full-time transport officer was appointed. A transport officer was also appointed at Whiston Hospital.

By agreement with the council of Blackpool C.B. use was and is made of the services of a transport officer appointed by that authority during 1959 to the Blackpool Victoria Hospital.

Training.—The training programme remained unchanged during 1959. The conditions governing the payment of proficiency allowances are as follows :—

First-aid payment of 6s. per week.

First-aid examination to be taken biennially.

Extended training allowance of 4s. per week.

First-aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police and home nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

Institute of Certified Ambulance Personnel.—During 1959 12 members of the ambulance service staff were granted financial assistance towards the cost of taking the courses and examinations of the Institute of Certified Ambulance Personnel. Ten members of the staff passed the preliminary examination of the Institute during the year.

Lancashire County Council Ambulance Service Corps.—St. John Ambulance Brigade.—To facilitate training in first-aid the Ambulance Service is embodied as a Corps of the St. John Ambulance Brigade. The strength of the Corps on the 31st December, 1959, was 615, comprising two corps officers, 60 divisional officers and 553 other ranks.

Efficiency Competition.—The competition for the Ambulance Service Trophy for the year 1958/59 was won by Health Division No. 17. The second place was gained by Health Division No. 3.

National Safe Driving Competition.—All eligible staff of the service were again entered in the National Safe Driving Competition, organised by the Royal Society for the Prevention of Accidents and of the 611 drivers entered in 1959 awards were made to 487.

Premises.—The numbers of County ambulance stations in service at the beginning and end of the year under report are given below by operational type :—

	No. of stations at— 1st January, 1959		31st December, 1959
Operating—			
Full-time service with 24 hours telephone watch	18	...	18
Full-time service with part-time telephone watch	4	...	3
Full-time service with no telephone watch ...	17	...	18
Day-time service only (8 or 16 hours) with no telephone watch	14	...	13
Total ...	53	...	52

Work on the new ambulance stations at Leyland and Ulverston was completed and the stations became operational during February and June respectively. Work commenced on the new Wardle station in May, 1959, and it is anticipated that it will be completed early in 1960. Work on the joint fire and ambulance station at Crosby commenced in February, 1959, and is scheduled for completion in May, 1960. New stations are also still required in the following localities:—

Health Division No.	
4	Chorley
9	Kirkby
10	Newton-le-Willows
15	Cadishead
16	Urmston

A site in the proposed town centre was purchased at Kirkby whilst site discussions or negotiations were in progress in respect of the remaining projects. It is expected that substantial progress will be made towards the provision of these stations during the next twelve months.

Special Use of Ambulance Service Vehicles.—The use of ambulance transport for special journeys (*i.e.*, journeys outside the scope of section 27 of the Act) continued during the year, and the mileage travelled, including journeys in connection with colliery accidents, was 237,928 or 5·3 per cent. of the total case mileage.

The categories of special journeys remained the same as in 1958, but the total mileage showed a substantial reduction in comparison with the previous year's total of 287,874. It will be recalled that consequent upon the revised arrangements for the conveyance of mentally defective children to occupation centres, the mileage run in connection with the mental health service showed a substantial drop in 1958. This trend continued during 1959, the mileage being reduced by a half from 136,901 in 1958 to 68,339 in the year under report.

Mileages travelled on behalf of other services of the County Council increased during the year, such increase being particularly marked in the case of the welfare services. This was largely due to an expansion of demand for the removal of cases to hostel accommodation.

The following table shows, in terms of miles run, the work undertaken by the ambulance service for other services of the County Council and for the National Coal Board during the past five years :—

Service	Mileage				
	1955	1956	1957	1958	1959
Mental health	251,034	280,792	323,659	136,901	68,339
Nursing	8,006	13,500	10,254	8,613	12,349
School health	25,262	26,000	34,763	26,218	27,569
Welfare	41,564	51,816	66,716	84,295	101,483
General health	270	—	—	—	—
Children's	115	—	—	—	—
Coroner's	1,300	981	494	516	693
TOTAL—Other County services	327,551	373,089	435,886	256,543	210,433
National Coal Board	35,980	35,378	35,530	31,331	27,495
TOTAL	363,531	408,467	471,416	287,874	237,928

Long Distance Service.—The table below gives particulars of the long distance service during 1959, together with comparative figures for the four preceding years :—

Year	Cases moved	Case mileage
1955	4,363	220,632
1956	5,628	223,652
1957	4,725	224,871
1958	4,788	221,945
1959	5,637	257,355

In addition to the above cases which were moved by ambulance service vehicles, arrangements were made for combined ambulance and rail transport for 246 patients during the year. Whilst the ambulance service was required to pay the full cost of the journey on 35 occasions only, in every case all arrangements for the journey, including the reservation of seats or compartments and the reception of patients at rail termini, were made by the ambulance service. Escorts were provided on 10 occasions.

Over the past few years, the use of rail transport has steadily increased and the year under report again shows an increase on the previous year's figure of 206. It will be appreciated, however, that a large proportion of the work of the long distance service relates to intra-County removals, *i.e.*, patients from the County area requiring transport to hospitals within the County but situated some considerable distance from the area where the need arises. In the majority of such cases it is possible to co-ordinate a number of journeys and thus the use of rail transport would prove uneconomical. Wherever possible, however, and with the consent of the doctor or hospital in charge of the patient, combined ambulance and rail transport is used, and it is felt that there is scope for even further development of this aspect of the long distance service.

Service Statistics.—During the year under review—the eleventh since the inception of the National Health Service—an increase took place in the overall number of cases carried by the County ambulance service. The previous year, 1958, saw a fall of 6·8 per cent. in the total number of cases, this being the second year in which a decline had occurred. During the year under report an increase of 1·0 per cent. took place, the total of 767,389 cases being 7,886 greater than the previous year's total of 759,503.

The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past four years are analysed accordingly :—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases	Total case mileage
	*Emergency	Non-urgent	Total			
1956 ...	57,164	603,261	660,425	182,193	842,618	4,537,895
1957 ...	54,051	572,703	626,754	188,231	814,985	4,416,176
1958 ...	52,695	611,052	663,747	95,756	759,503	4,289,263
1959 ...	53,992	661,026	715,018	52,371	767,389	4,469,419

* Includes National Coal Board cases.

It will be seen from the above table that the increase in the total cases is attributable to a greater number of cases conveyed under the provisions of section 27 of the National Health Service Act, 1946. Emergency cases increased by 2·5 per cent. from 52,695 in 1958 to 53,992 in the year under report, whilst the 661,026 non-urgent cases showed an increase of 8·2 per cent. over the previous year's figure of 611,052. With regard to non-urgent removals under section 27, apart from the year 1957 when the number of cases showed a decrease against the figures for the previous year, there has been a steady annual increase in the number of cases dealt with since the inception of the service in 1948 and the continued rise in cases during the year under report suggests that the demand on the ambulance service may not yet have reached its peak.

Regarding non-section 27 cases moved on behalf of other departments of the County Council, the change of policy in regard to the transport of mentally defective children to occupation centres has again been the main contributory factor in reducing the number of cases moved, although this has been partially offset by an increase in the cases moved on behalf of the welfare services.

The response to emergency calls for the County as a whole was satisfactory, the average time taken to reach the scene of an emergency from the time of receipt of the call being 8·5 minutes, the highest station average being 15·0 minutes and the lowest 5·6 minutes. Journeys to hospital averaged 24·0 minutes from the time of call, the highest station average being 60·1 minutes and the lowest 17·7 minutes.

The consistency throughout the last decade in both the average time to reach the patient and the average time to reach hospital is shown in the following summary of the time factor in dealing with emergency calls :—

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1950	31,837	7·9	24·5
1951	37,595	7·6	24·3
1952	43,288	7·6	24·0
1953	49,047	7·8	24·3
1954	52,364	8·1	24·7
1955	55,871	8·2	24·7
1956	55,758	8·3	24·7
1957	52,591	8·5	24·9
1958	51,147	8·5	24·4
1959	52,126	8·5	24·0

The numbers of cases moved per 1,000 population during each of the last five years were as follows :—

Type of case	1955	1956	1957	1958	1959
Emergency ...	28·7	28·3	26·3	24·8	25·1
Non-urgent ...	382·4	389·3	370·9	332·0	331·7
TOTAL ...	411·1	417·6	397·2	356·8	356·8

In the following table the patients carried during 1959 are analysed proportionately according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only and sitting II cases are those requiring the assistance of two attendants.

	Proportion (per cent.) of—		
	Emergency cases	Non-urgent cases	Total cases
Recumbent	55·8	9·6	12·8
Sitting I	35·7	76·0	73·2
Sitting II	8·5	14·4	14·0

Civil Defence.—Ambulance and Casualty Collecting Section.—Section training continued normally during the year and volunteers also carried out additional training in the form of exercises. On the 18th and 19th April civil defence ambulances manned by volunteer crews took part in a movement exercise involving a journey from Lancashire to Hereford and on the 14th June a joint exercise with the Industrial Civil Defence Organisation at local collieries was held at Tyldesley. On the 27th September ambulance and casualty collecting parties in the Rossendale area took part in exercise " Valley " which was designed to test all the civil defence forces in the area.

In the finals of the Regional Civil Defence Tourney which took place at Belle Vue on the 11th July, the Lancashire County Council " D " team from Heywood and the " B " team from Swinton and Pendlebury were placed first and second respectively in the Ambulance and Casualty Collecting Section of the competition.

Twelve members of the ambulance service staff attended training courses at the Home Office Civil Defence School, Falfield, Gloucestershire, during the year ; 10 obtained " full " instructors' certificates and two " functional."

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis.—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff ; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council ; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council employ a staff of tuberculosis visitors. Primarily engaged in domiciliary visiting, these whole-time visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards. One of their important tasks is the tracing of contacts of known cases of tuberculosis and of persons who were not notified as cases of tuberculosis until after death. Contacts so found are then encouraged to attend the chest clinic for examination and in this work the personality of the tuberculosis visitor counts for much.

The work of tuberculosis visitors has been maintained. Although the number of new cases coming on to the register is decreasing the total number of cases on the register is still increasing. The pattern of the work of the tuberculosis visitor is, however, changing. The time patients spend in hospital has been greatly reduced due to the use of more effective drugs and home treatment has been correspondingly extended and has entailed more intensive home visiting. However, even the home treatment time has been reduced and patients now return to work at a much earlier stage than was thought possible only a few years ago. Vigilance is still required in following up contacts particularly in conjunction with B.C.G. vaccination schemes. In addition, the services of the tuberculosis visitors in some areas are being utilised by chest physicians for work in connection with other chest diseases, *e.g.*, chronic bronchitis, and it may well be that eventually the work of the tuberculosis visitors and the general health visitors will be merged. At the end of 1959 the establishment of visitors was 42.

It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. It is very important, however, that the tuberculosis visitors should continue to attend at the chest clinics, wherever they are held, in order to maintain full liaison and to follow up their patients adequately.

The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's tuberculosis visiting staff.

The following statement serves to indicate the work carried out during 1959 and the previous four years on behalf of the local health authority by the chest physicians and the tuberculosis visitors :—

	1955	1956	1957	1958	1959
(*a*) *Chest Physicians*					
Home visits in respect of :—					
New patients and contacts ...	168	193	158	382	388
Old cases and contacts	796	667	679	606	596
(*b*) *Tuberculosis Visitors*					
No. of attendances at Care Committee meetings	47	32	20	11	25
No. of lectures or addresses given ...	18	11	8	3	3
No. of attendances at chest clinic sessions	5,364	4,921	3,921	3,405	3,577
Other sessions attended, *e.g.*, M.M.R., schools, etc.:—					
Full sessions	*	15	41	37	102
Part sessions	*	86	374	385	368
Home visits :—					
Routine visits—					
(i.) First visits to new cases	6,028	1,568	1,495	1,340	1,289
(ii.) First visits to new contacts ...		4,451	5,292	5,048	4,843
(iii.) Re-visits to old cases	59,803	47,691	54,143	51,521	52,744
(iv.) Re-visits to old contacts ...		27,078	35,860	37,638	41,555
Unclassified visits	1,858	2,105	2,143	2,604	2,937

* Not available.

The number of visits made by the visitors to tuberculous *households*, as distinct from the number of visits to cases as shown above, was 53,250, compared with 51,019 in 1958. In addition, during 1959, 8,400 ineffective visits were made together with 1,552 other miscellaneous visits (to National Assistance Board offices, etc.).

The tuberculosis visitors also undertook some training (in clinic work, after-care, and domiciliary visiting) of students from health visitors' training schools.

A summary of the work of the tuberculosis visitors in the respective health divisions during 1959 is given in Table 15, page 184.

In regard to tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end the County Council, in conjunction with other bodies, have made available the facilities summarised below :—

Extra nourishment.—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge and 846 cases received assistance during the year.

Extra beds and bedding.—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

Nursing equipment.—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

Medical requisites.—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

Shelters.—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

Home help.—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination. They are given instructions on the precautions they should take when working at the homes of such cases.

Rehabilitation.—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances.

Arrangements have been made with the following units :—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.
Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.
Enham-Alamein Village Centre, Andover, Hants.
British Legion Village, Preston Hall, Maidstone, Kent.

Employment of the Tuberculous.—Ministry of Health circular 7/52 states that there need be no general bar against the placing in ordinary employment of persons with open tuberculosis, provided that the placing of the individual in the particular employment concerned is subject to medical guidance and approval. This calls for full co-operation between the patient, the disablement rehabilitation officer of the Ministry of Labour and National Service, the medical practitioner, the medical officer of health, the chest physician and the employer. Some employers are very helpful in actively co-operating with medical officers to find suitable work for tuberculous subjects in a position in which they are not a danger to others.

Under the Tuberculosis Regulations notifications of cases are confidential and no action or enquiry may be undertaken regarding a patient and his employment which would cause a breach of this confidence. This protection, although safeguarding the patient's interests to some extent, if not waived by the patient concerned may impede or preclude investigation into his conditions of employment and contact with other employees. Under these circumstances it would be difficult to introduce preventive measures in the patient's place of work ; such information as would be available to guide the medical officer would come from the patient himself and in his anxiety for his future security the patient may not be inclined to offer a full and accurate picture.

Voluntary Care Committees.—Voluntary Care Committees are still functioning in some areas and perform a very valuable and important work, but as most of the services for which grants were hitherto made are now taken over by the Assistance Board, Regional Hospital Boards and local health authorities, *e.g.*, financial assistance, clothing and extra nourishment, the County Council grants to the Voluntary Care Committees ceased at the end of the financial year 1949–50.

Non-notified Fatal Cases.—One of the most serious matters in relation to the prevention of tuberculosis is the problem of the non-notified case which is discovered only at death. Unfortunately, as such cases only come to the notice of the medical officer of health on the receipt of a death certificate, it is obvious that no steps can have been taken in such instances to minimise the risk of the spread of infection and this is without doubt a serious matter, particularly as regards members of the family of the deceased who must have been in close contact with the case during life and who often appear to be comparatively healthy.

The importance of this problem can be gauged from the fact that during the last five years an average of slightly over 20 per cent. of the total fatalities from tuberculosis have occurred in patients who had not been notified as such during life. The percentage in 1959 was 23·9. Further reference to this matter is made in the section of this report on " Infectious and Other Notifiable Diseases."

It is essential for the prevention of tuberculosis that such cases should not escape notification, but to overcome this is far from easy. It is apparent that some cases ascertained by hospital medical staffs are remaining unnotified, either through insufficient regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition there is still a natural reluctance on the part of many persons infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community. Mass radiography has, to some extent, assisted in ascertaining additional and perhaps unsuspected cases but here again the individual infected with tubercle who is averse to disclosure of the fact would be unlikely to avail himself of mass radiography. There is, therefore, undoubtedly a very real need of health education activities to get over to each individual a full appreciation of his or her moral responsibility to the community at large.

Mass Radiography.—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

When necessary divisional medical officers avail themselves of the assistance of a radiography unit in making a survey of a school where an active case of pulmonary tuberculosis has been discovered.

An intensive mass radiography campaign was organised in the City of Liverpool from February 23rd to March 21st and special arrangements were made (see page 101) to include Kirkby. In a period of two weeks in Kirkby 9,846 persons were X-rayed and 125 new cases of pulmonary tuberculosis were discovered, 44 of them requiring close clinic supervision or treatment.

Detection of Early Cases.—Some early cases come to light as a result of mass radiography examinations and others are found as a result of examination of contacts of known cases. Tuberculin testing of school entrants was continued during the year in some parts of the County and any children found to give a positive reaction were followed up in order to try to find the source of the infection.

Vaccination against Tuberculosis.—*Contacts.*—Since 1949 B.C.G. vaccinations of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the numbers of persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years :—

	1955	1956	1957	1958	1959
Number of persons tested for suitability for B.C.G. vaccination	2,503	2,836	2,760	3,282	3,512
Number of persons vaccinated ...	1,306	1,664	1,817	2,271	2,720

School children.—The County Council's proposals under section 28 of the National Health Service Act provide for the B.C.G. vaccination of tuberculin negative school children between their 13th and 14th birthdays when the parents have consented to the vaccination. These proposals were extended with the approval of the Minister of Health on the 23rd October by the addition of the following paragraph :—

> " The local health authority will also make arrangements to offer B.C.G. vaccination to (i) school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age ; (ii) school children of 14 years of age or older ; and (iii) students attending universities, teacher training colleges or other establishments of further education. The vaccination will be carried out on the responsibility of the Medical Officer of Health in consultation as appropriate with the School Medical Officer. The authority will also offer vaccination to such other person or persons or groups of persons as may from time to time be approved by the Minister."

In accordance with the terms of this amendment the Minister also approved of arrangements being made to offer B.C.G. vaccination to 11–12 year old school children participating in the study of multiple-puncture B.C.G. vaccination. The County Council were therefore able to take part in a short trial scheme organised by the British Tuberculosis Association Research Committee. The object of the investigation is to examine the best combination of number of needles and strength of vaccine required for effective freeze dried B.C.G. vaccination by the multiple puncture method. At 13 schools in Health Division No. 16 1,211 children were tested and of these 1,024 were found to be negative and were vaccinated by multiple puncture ; these children will be re-tested in about 12 months' time in order to obtain an assessment of the methods used. Children who were positive reactors numbered 127.

The following table summarises the results of B.C.G. vaccination programmes completed during 1959 and the previous two years. Re-examinations after a 12 month interval have now been discontinued since adequate information on conversion rates is available.

Year	No. of schools completed	No. of parents' consent forms				No. of children					
		Sent to parents	Returned			Tuberculin test performed	Tuberculin test positive		Tuberculin test negative		Vaccinated with B.C.G.
			Refused	Consented							
				No.	% of forms sent		No.	% of those tested	No.	% of those tested	
1957 ...	187	10,712	2,747	7,397	69·1	6,969	1,731	24·8	5,052	72·5	5,002
1958 ...	203	11,496	3,019	7,929	69·0	7,574	1,939	25·6	5,418	71·5	5,280
†1959 ...	194	12,643	2,626	9,270	73·3	8,895	1,665	18·7	6,971	78·4	6,851

† Includes the B.T.A. trials.

By no means all the eligible school children in the County have yet been offered B.C.G. vaccination owing to the many calls on the time of the medical staff, especially in connection with the poliomyelitis vaccination scheme. It is hoped that the position will improve in 1960.

The County Council's proposals under section 28 also enable the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination. During 1959 accommodation for children requiring segregation on account of B.C.G. vaccination was provided for three cases under arrangements made with the Children's Officer.

Protection of Children from Tuberculosis.—The following are recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis :—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained ; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements :—

Assistant divisional medical officers.
District nurses.
Tuberculosis visitors.
Clinic clerks.
Home helps attending sputum positive tubercular cases.
Occupation centre staffs.
Special schools—all staff except gardeners.
Dental attendants.
Home teachers (school health service).
Physiotherapists.
Speech therapists.
Children's hostels (Children's Committee)—all staff including domestics.
Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.
District midwives.
Health visitors/school nurses.
Supervisory nursing staff.
Lay health assistants.
Day nursery staffs (including students).
Part III accommodation—attendants and all nursery staff.
Dental officers.
Educational psychologists.
Itinerant teachers of the deaf.
Psychiatric social workers.
Orthoptists.
Residential nurseries (Children's Committee)—all staff including domestics.
Registered child minders (Nurseries and Child Minders Regulation Act).

Illness Generally.—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

Mental Illness and Defectiveness.—The prevention, care and after-care of mental illness and defectiveness is undertaken in accordance with the County Council's scheme for the provision of a Mental Health Service which is dealt with fully later in this Report.

Venereal Disease.—Arrangements are in being whereby, at the request of the hospital authorities, effective follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. These arrangements were reviewed during 1959 in accordance with Ministry of Health Circular 6/59 which expressed concern at the increasing incidence of gonorrhoea and called for a strengthening of liaison between treatment centres and general practitioners on the one hand and local health authorities on the other in order to effect such improvements as might be possible in the difficult process of contact tracing. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case and, without exception, divisional medical officers reported that the existing facilities provided by the County Council were adequate to meet the demands made upon them.

The following table, compiled from returns supplied annually by medical officers of treatment centres, analyses by condition the number of County residents attending such centres for the first time in each of the last five years :—

Year	No. found to be suffering from—			
	Syphilis	Gonorrhoea	Other conditions (incl. non-venereal)	Total—all conditions
1955	162	327	1,739	2,228
1956	186	361	1,755	2,302
1957	140	418	1,724	2,282
1958	137	460	1,674	2,271
1959	144	553	2,002	2,699

Other Types of Illness.—General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visits in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

With the object of providing suitable voluntary help to district nurses, the County Council have also made arrangements to avail themselves of the " Nursing Aid Service " of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

Convalescent Home Care.—Arrangements for the convalescence of general cases have been made with some 30 convalescent homes in various parts of the country to accept cases from the Administrative County.

Applications for assistance come usually from general practitioners and home nursing staffs, and occasionally from hospital almoners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office.

In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1959 there were admitted to convalescent homes 576 individuals compared with 476 in 1958.

The following statements give particulars of the admissions during 1959 :—

Adults admitted to Convalescent Homes

Name and address of home	Male	Female
Argyll Nursing Home, St. Annes	1	—
Barrow War Memorial Convalescent Home	25	17
Beachways Convalescent Home, Southport	42	118
Binswood Red Cross Home, Didsbury	1	12
Blackburn and District Convalescent Home, St. Annes	9	13
Boarbank Hall Convalescent Home, Grange-over-Sands	5	15
Charles Best Home, Parkgate, Wirral	—	1
Church Army Home, Southport	—	2
Cotton Industry Convalescent Home, Poulton-le-Fylde	—	2
Evelyn Devonshire Convalescent Home, Buxton	1	13
Godfrey Ermen Home, Southport	1	—
Grey Court, Hest Bank	—	13
Heath Memorial Convalescent Home, Llanfairfechan	26	—
Henderson Holiday Home for the Blind, Blackpool	1	1
Horncliffe Convalescent Home, Blackpool	—	97
La Sagesse Nursing Home, Blackpool	2	1
Lear Home of Recovery, West Kirby	—	34
Llys Dilys Convalescent Home, Prestatyn	—	2
Metcalfe Smith House, Harrogate	1	7
Parkside, Arnside	—	2
Shoreston Hall, Seahouses	4	11
W.V.S. Home, Gallington	—	1
Total	119	362

Unaccompanied Children under School Age admitted to Convalescent Homes

Name and address of home	Male	Female
Blundellsands Cottage Home	2	—
Bryn Aber, Abergele	1	1
Ellen Gonner Home, Hoylake	1	4
Hilbre Nursery, Prestatyn	3	1
Hillary Nursery, Prestatyn	2	—
Ormrod House, St. Annes	—	1
Sefton Convalescent Home	8	—
TOTAL	17	7

Mothers accompanied by Children admitted to Convalescent Homes

Name and address of home	Mother with one child	Mother with two children	Mother with three children
Boarbank Hall, Grange	1	—	—
Church Army Home, Southport	4	9	1
Grey Court, Hest Bank	1	—	—
Llys Dilys, Prestatyn	14	—	—
TOTAL ...	20	9	1

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes :—

	1955	1956	1957	1958	1959
Adults	475	529	445	388	481
Unaccompanied children under school age	18	37	20	19	24
Mothers accompanied by children—					
Mothers	19	19	24	28	30
Children	28	35	32	41	41
TOTAL ...	540	620	521	476	576

The number of elderly persons taking advantage of this service is a noteworthy feature. Of the 481 adults having convalescence during 1959, 273 were over 60 years of age, 140 being between 60 and 70 years, 107 between 70 and 80 years and 26 over 80 years of age.

The scheme for convalescent home care fulfils a real need and many persons have an opportunity for recuperation in a convalescent home which they would not otherwise have obtained. The cost of convalescence may be recovered from the applicant and the assessment is based on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult.

NIGHT AND EVENING HELPS.—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

Night attendance service.—Night helps.—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 4,692 night attendances were paid to 322 cases ; corresponding figures for 1958 were 5,261 attendances and 337 cases.

Evening attendance service.—Evening helps.—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

During the year 6,132 evening visits were paid to 82 cases, compared with 6,194 visits to 81 cases in 1958.

Nursing Aid Service.—In 1951, the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It has not so far been found necessary to call in " Nursing aid."

Loan of Nursing Equipment.—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners, or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs and, in all, approximately 200 such stores are in use. In addition, a central control exists which handles equipment of an expensive or specialised kind and, therefore, of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

The following selective list gives the numbers of certain items in the possession of patients on the 31st December, 1959. Many other articles were also on loan throughout the year.

Bed cradles	168	Bed rests	504	Urinals	569
Bed mattresses ...	190	Air cushions ...	550	Beds	116
Bed pans	786	Wheel chairs ...	446	Walking aids ...	140

Laundry Service.—The care and after-care services include the provision of a laundry service for bedding and night clothing of persons urgently needing such assistance. A charge may be made if the patient's income exceeds the assessment scale laid down for the purpose. For the time being this laundry service is limited to areas of the County where suitable arrangements can be made with hospital laundries. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.V.S. and with private contractors. Bedding is handled in linen laundry bags and/or aluminium boxes.

The arrangements are such as to ensure that the laundry service will be used as part of the preventive services designed to facilitate the care in their own homes of persons who might otherwise have to be admitted to hospital, in particular the aged and chronic sick. All cases are carefully screened to confirm the need for the service, and where it has been provided there is no doubt that it has fulfilled a real and urgent need in the care of incontinent patients.

In 1958, the service extended to ten divisions and 185 cases were dealt with ; 60 of these cases were still receiving service at the end of the year. In 1959 in these ten divisions 236 cases were dealt with, 58 of whom were still receiving service at the end of the year.

Problem Families.—The County Medical Officer of Health is designated by the County Council as co-ordinating officer for the purposes of the joint circular issued in 1950 by the Home Office and Ministries of Education and Health, and the divisional medical officers in the 17 health divisions act on his behalf at local level.

In the day-to-day work the field workers concerned with a particular family frequently hold informal consultations and experience has shown that in many cases this is sufficient, particularly in the case of a " family with a problem." In the more difficult cases, however—usually the " problem families "—case conferences are called either on a local basis to deal with one or two cases in a particular locality or on a larger scale at divisional level. At the case conference workers of both statutory and voluntary services take part, in particular health visitors, medical officers, area children's officers, school attendance officers, district council officers (*e.g.*, housing manager, public health inspector), probation officers, representatives from the National Assistance Board, N.S.P.C.C., etc. Although general practitioners are often invited, they are seldom able to spare the time to attend.

During 1959, 206 case conferences were held. New cases dealt with during the year comprised 231 families with 805 children. The number of families on the books at the end of 1959 was 869 with 3,327 children. One of the main values of the case conference is the opportunity which is provided for all workers to get to know each other, to express their opinions and to see the full picture of the family rather than the more limited view which they might otherwise have. It also gives an opportunity for the field workers to gain insight into each other's work and attitudes and to apply this to other cases. An effort is also made to ensure that, so far as possible, one worker takes the main responsibility for each family.

It must be realised, however, that the calling of a case conference does not itself solve the problem and many of these families remain in a borderline condition for years, causing anxiety to all concerned with their welfare and taking up a disproportionate amount of the field workers' time.

Good liaison with housing authorities is most important and this is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1959, 71 families with 315 children were re-housed, 57 of these with 256 children by district councils.

The value of team work is becoming increasingly evident as a result of the case conferences and it is clear from the experience in Lancashire that this must be preserved and encouraged.

The services provided by the County Health Committee to deal with these families include :—

(*a*) Health visiting.

(*b*) Mothercraft training.

(*c*) Use of specially selected home helps and loan of kitchen equipment.

(*d*) Provision of day nursery accommodation.

(*e*) Social case work.

(*a*) *Health Visiting.*—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes.

The key position which the health visitor holds was emphasised in circular 27/54 on the Prevention of Break-up of Families which was issued by the Ministry of Health in November, 1954. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(*b*) *Mothercraft Training.*—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council send mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Mayflower Home, Plymouth, which is administered by the Salvation Army.

Details of mothers, and children under five years of age, sent by the County Council to Brentwood during the past five years are given in the following statement :—

Year	Mothers	Children	Year	Mothers	Children
1955	10	25	1958	10	21
1956	8	19	1959	6	11
1957	5	16			

In addition in 1955 one case was sent to Spofforth Hall, near Harrogate, but this home has since closed.

The progress made by the families is, of course, generally slow, but improvement has occurred in many cases. Each family is closely followed up by the health visitors and reports are submitted on the families' progress at six-monthly intervals. A survey of the reports on 56 cases during 1959 indicates that 33 families were considered to have improved their conditions, in 17 cases the conditions of the family have not materially altered, in one case there was a deterioration and five cases left the County area.

(*c*) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft and during 1957 a trial of this scheme was carried out in one division. The scheme was extended to all divisions early in 1958 and during that year eleven cases were dealt with ; 18 cases received help in 1959.

It is important that the families who receive this help should be properly selected. Where the health visitor considers that a special home help would be valuable she refers the case to the divisional medical officer. It is intended that the home helps shall be used in families where the work is truly preventive, *i.e.*, where there are signs of deterioration and it is reasonable to expect some improvement if a home help is introduced to give practical instruction and advice. The divisional medical officer in conjunction with the home help organiser selects the home helps required for this special work. They are chosen for their sound common sense and practical approach. The helps are given adequate briefing and lecture sessions are arranged for their instruction in teaching methods, household routine, including the planning of daily and weekly tasks, household budgets and cookery.

The period during which the service of a selected home help is granted varies according to the particular requirements of each case, but after a trial period of two weeks the health visitor is required to submit a report on the working of the arrangements and a decision is then made as to whether any improvement in the family condition is likely to follow. The continuation of the special help is then at the discretion of the divisional medical officer. During the whole of this period close liaison is maintained between the health visitor, the home help organiser and the home help and there are regular consultations among this team of workers on the progress made with the individual mother. Eventually the home help is gradually withdrawn and supervision of the family continued by the health visitor who, of course, may occasionally re-introduce the home help if necessary.

In order that the home help may pass on the full value of her teaching to the mother it is essential that the family should possess the minimum of basic kitchen equipment, such as saucepans, cutlery, crockery, etc. In a case where a minimum of kitchen equipment is not available enquiries are made with a view to obtaining assistance from any voluntary sources or from the National Assistance Board. If this is not possible, the divisional medical officer may authorise the purchase of approved articles for free loan to the family for as long a period as the health visitor considers necessary. Meanwhile the mother is encouraged to make good the deficiencies in her own equipment so that eventually the loaned articles may be withdrawn.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(*d*) *Provision of Day Nursery Accommodation.*—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

(*e*) *Social Case Work.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, allow for the employment of social case workers either direct or through a voluntary agency.

Arrangements have been made with the Manchester and Liverpool Family Service Units to undertake social case work in County areas adjacent to these two County Boroughs and the equivalent of one whole-time case worker is provided by each unit.

Cases requiring assistance are referred to the units from a number of sources, including the divisional medical officers or their staff as a result of the case conferences, and close liaison is maintained with the divisional medical officers to whom reports are sent. From these it is confirmed that whilst much good work is being done these families will require constant supervision and guidance for a very long time. During the year 1959, 40 cases were dealt with by the Family Service Units.

In addition, a social case worker was appointed by the Health Committee in May, 1957, to undertake work with evicted families in family unit accommodation provided under the National Assistance Act, 1948. Further reference to this work is made on page 117 of this Report.

Chiropody Service.—The Minister of Health in Circular 11/59 to local health authorities stated that he was prepared to approve proposals to establish chiropody services as part of the arrangements for the prevention of illness under section 28 of the National Health Service Act, 1946. The Minister suggested that at least in the early stages priority should be given to the elderly, physically handicapped, and expectant mothers. Reference was also made to the arrangements already made to provide chiropody service for elderly people by many local voluntary organisations, and it was suggested that in some areas continuation of this provision with appropriate financial assistance might be the most acceptable way of meeting the needs of this age group for some time to come.

Subsequently the County Council submitted the following amendment to their proposals under section 28 of the National Health Service Act and this was approved by the Minister :—

> " The County Council will provide a chiropody service by the employment or use of the services of qualified chiropodists or may assist voluntary bodies to provide a chiropody service, priority being given initially to the elderly, physically handicapped and expectant mothers.
>
> It is the Council's intention to provide a service throughout the administrative county as soon as circumstances permit.
>
> Use will be made wherever possible of the Council's clinics, but arrangements may also be made for the use of other suitable premises, such as chiropodists' own surgeries, and for domiciliary visits where necessary.
>
> The number of sessions to be provided will vary according to the needs of the district."

A scheme for the establishment of the chiropody service was subsequently drafted and forwarded to Divisional Health Committees who will be responsible for the establishment of the service in their areas. The service will be available to men of 65 or over and women of 60 or over, handicapped persons whose names appear on the registers kept under the provisions of sections 29 and 30 of the National Assistance Act, and expectant mothers.

It will be provided either in clinics or chiropodists' surgeries according to local circumstances and domiciliary treatment may be provided on the authority of a medical practitioner, district nurse, health visitor or midwife.

Conditions are laid down for the payment of grants to voluntary organisations who were providing a service on 31st July, 1959, and whose applications to continue are approved by Divisional Health Committees.

The service will come into operation on 1st January, 1960.

Health Education and Propaganda.—Health education is the best means of preventing ill-health and it has always been the desire of the Health Committee to use this service on as wide a front as possible, so that no age or section of the community should be excluded. The only difficulty about this is that the personnel available must, in consequence, be thinly disposed. Many different methods are therefore used by the staff of the department to achieve this end.

Lectures.—There is no doubt that a single lecture or talk of the right kind on any aspect of health can stimulate interest in the prevention of ill-health and can lead to regular discussions that help to develop a better attitude towards positive health. With this in mind, contact is maintained with group leaders and secretaries of many organisations such as women's institutes, townswomen's guilds, co-operative guilds, mothers' clubs, parent-teacher associations, day nurseries, youth clubs, tradesmen's guilds and Rotary clubs for the purpose of arranging meetings.

Every endeavour is made to appreciate their particular interests and responsible persons are engaged to talk to the groups. The subjects dealt with cover the widest possible range.

In 1959, 89 such lectures were arranged on specific subjects.

Lecture Courses.—Lecture courses are sometimes more appropriate than single talks—for example, when a group of tradespeople concerned with the handling of food are willing to attend a course of not more than three of four lecture-demonstrations dealing with their problems. The services of a competent lecturer are obtained and a syllabus is drawn up to meet the requirements. The necessary visual aids and demonstration materials are produced and by this means an intensive and effective course is provided. It is important that a suitable syllabus for the group should be first fully discussed. It is not possible or advisable in this case to rely on a standard pattern to meet any and every request. The individual needs of the group must be studied.

Three such courses on the " Hygiene of Food Handling " were arranged in 1959. A special course of lectures on " Sex Education " was also arranged for the pupils of a boys' grammar school.

Group Discussions.—Whenever the opportunity presents itself group discussions are arranged, no matter what the subject providing it has a bearing on health. To assist in this method use is made, for example, of strip films sometimes coupled with a disc recording of the script presenting the problem to be discussed. A group leader must be present who is conversant with the particular subject.

Films.—Silent films, sound films and film strips are used extensively as an aid to teaching and to help lecturers and demonstrators. There are nearly 1,000 films suitable for use in health education and a library of films is gradually being built up by the department to avoid the many disappointments experienced when hiring.

Apart from such aid given to lecturers and to medical and nursing staff in clinics, films are shown in factories and in schools. In factories, where schedules of times must be strictly adhered to, suitable subjects and appropriate times are discussed beforehand with the welfare officers. Similarly, films used in schools need to be discussed with the visiting lecturer, doctor or nurse.

During 1959, 241 film shows of this kind were given, including 35 in schools and 13 in factories.

Other Visual Aids.—Strip films, photographic enlargements and flannelgraphs are widely used. A number of strip films have been produced for teaching purposes and many photographs have been prepared for a variety of uses. Flannelgraphs have been produced in the department to meet the requirements of lecturers and teachers, and 120 of these units are in use throughout the County.

Posters and Literature.—Whatever is achieved by meetings, group discussions or film shows, posters and literature are constantly required to remind the public of important health matters. The health department keeps a constant supply of current posters and literature from various sources.

There are, however, many important aspects which are not covered by existing posters or literature, and the department undertakes this work. Posters are designed, texts prepared for leaflets and both are produced to meet departmental requirements. These in turn are distributed throughout the County and displayed wherever possible. Many organisations request that they be placed on a regular mailing list.

Nearly 20,000 posters and 400,000 pieces of literature were distributed during 1959.

Health Topic Displays.—Displays of different shapes and sizes dealing with various aspects of health are produced by the department and erected in clinics, factories, shop windows or any situation that gives promise of being seen by the general public. These displays are designed in such a way that they have a greater arresting power than posters.

During 1959, the following 18 health topics were in use :—

Food and Drink	Feet	Accidents
Head Lice	Cafe Quiz	Vaccination
Breast Feeding	Hair	Story of a Tooth
Pasteurisation of Milk	Food Poisoning	Children's Feet
Burns and Scalds	Teeth	Home Safety
Immunisation	Health Visitor	Mental Health

These were exhibited in a total of 50 different situations.

Exhibits.—Only a very limited amount is available of health education material which is suitable for exhibition to the general public. Consequently, where assistance is given to local authorities in staging an exhibition or when an exhibit is required for an agricultural show or display in a clinic, this usually has to be designed and produced by the department.

The County Council exhibit on the " Care of the Aged " was on view at an Old People's Welfare Exhibition held at Formby in October, 1959. The exhibit dealing with the work of the County Council's training centres was on view at the Northern Convention of the National Society for Mentally Handicapped Children, held in Manchester on the 20th June, 1959.

Health Talks.—Of a total of 293 talks on health matters in 1959, excluding routine talks at school clinics and child welfare centre sessions, practically one third (97) were given in schools on the following subjects :—

Subject	No. of talks
Hygiene	34
Mothercraft	32
Dental hygiene	8
Home safety	7
Food	5
Work of the health visitor, etc.	4
First aid	3
Smoking and lung cancer	3
General	1

Subjects covered in the remaining 196 talks were as follows :—

Antenatal and child care	35
Training lectures to the public (First aid, home nursing, etc.)	34
The health services	30
Home safety	28
" My Work "	17
Training lectures to hospital staff	17
Mental health	9
Personal hygiene	7
General subjects	19

The staff concerned in the above talks were as follows :—

School nurse/health visitors	183
Medical officers of health	51
Welfare organisers	21
Assistant superintendent health visitors	11
District nurses	9
Dental officers	3
Miscellaneous (home help organisers, mental health staff, training centre supervisors, occupational therapists, senior administrative officer)	15
Total	293

Special Campaigns.—**Mass Miniature Radiography.**—For a two-week period in March, 1959, a mass miniature radiography unit was located at Kirkby, near Liverpool, and the County Council co-operated with the Liverpool Regional Hospital Board in an endeavour to ensure that as many as possible of the eligible residents of the area should take advantage of the free X-ray facilities. The campaign proved most successful, a total of 9,846 persons attending for X-ray during the ten days the unit was in operation. Various methods of propaganda were used to bring about this result, including the display of 16-sheet posters on specially erected portable hoardings, tour of the district by loud speaker van, distribution through all schools of letters to parents urging their attendance at the unit and the provision of a letter of thanks for each person x-rayed, together with a window poster for the home " We have had our X-ray—Have you ?"

Safety in the Home.—The County Council campaign on the prevention of accidents in the home was continued throughout the year. During the first quarter of the year, special emphasis was on " Guard That Fire," followed by special " drives " at quarterly intervals on " Falls," " Cuts and Gashes " and " Burns and Scalds." Posters were displayed throughout the Administrative County area in factories, workshops, clinics and with the co-operation of local home safety committees in shops and other premises ; leaflets and bookmarks were distributed through clinics, workshops, libraries and at various exhibitions, agricultural shows and outdoor events.

The County Council bungalow exhibit (pictured opposite) was in use at three home safety exhibitions during the year. This takes the form of a specially designed prefabricated shell forming the main structure of a six-roomed bungalow. When on exhibition it is furnished throughout to a pre-arranged plan in order to draw attention to the main points at which accidents occur in the home. The bungalow is provided, erected, and dismantled by the County Health Department, but furnishing, paper, decorating, etc., interior and exterior, is undertaken by the Home Safety Committee or other body responsible for staging the exhibition. It was used in March at Eccles, in conjunction with the Eccles Home Safety Committee, in September at Stretford in conjunction with the local Rotary Club and at Crosby in conjunction with the Crosby Home Safety Committee. The Eccles exhibition was attended by Mrs. Jean Mann, M.P., joint secretary of the All-Party Parliamentary Home Safety Group. All these events were well attended and every opportunity was taken to demonstrate to visitors the points where most home accidents occur and to give advice as to how such accidents may be avoided.

During the summer months a specially designed home safety exhibit, for use out of doors at agricultural and other shows where suitable indoor accommodation was not available and showing the cause and effect of accidents in the home, attracted a great number of people.

Exhibits illustrating aspects of home safety were also prepared for entry in carnival processions at Eccles and Fleetwood.

Smoking and Lung Cancer.—For a period of four weeks in August, large hoardings, each taking two sixteen-sheet posters suggesting by implication the connection between cigarette smoking and lung cancer, were displayed on two different approaches to Fleetwood. As it was not possible for the work to be carried out by way of any of the bill-posting agencies, all the necessary arrangements were made directly by the Health Department.

Towards the end of the year copies of Dr. Malcolm Donaldson's booklet " The Nursing Profession and Cancer " were distributed to all members of the divisional nursing staff, and a tape-recorded talk on " Cancer " by Dr. Donaldson is being used to assist the nursing staff in the education of the public concerning this disease.

County Health Services.—An exhibit dealing with the County health services was displayed at local government exhibitions organised by the Chadderton branch of the National and Local Government Officers Association in April/May, 1959, and by the Swinton and Pendlebury Borough Council in September/October, 1959. This exhibit also formed part of the N.A.L.G.O. stand at the annual Blackpool " Home and Beauty " exhibition in November, 1959.

Leaflets dealing with nine separate aspects of the County health services were prepared during the year and sets of these were sent to approximately one thousand factories and workshops throughout the Administrative County for distribution to their employees.

Mental Health Education.—This campaign, which is conducted by Dr. Alfred Torrie, a London psychiatrist, was inaugurated in September, 1957. Dr. Torrie was appointed by the County Health Committee as part-time adviser for a campaign on mental health education, in the first place for a period of 12 months, which in 1958 and again in 1959 was extended for a further year. The object of the campaign is to help the public to understand the fundamental importance of mental health and in this way to show how much mental and physical ill-health might be prevented. The main aspects of Dr. Torrie's work are firstly to lead small conferences of leaders in all walks of life, *e.g.*, medical staff, factory management officers, the clergy, representatives of parent-teacher associations, youth organisations, women's institutes, etc., and secondly to contribute articles to the local press.

In 1959, Dr. Torrie continued his group discussions with those in key positions both within the County service and outside it, for example, head teachers, area children's officers, mental welfare officers, industrial welfare officers, clergy, magistrates and probation officers. The field is widening steadily and there is evidence of growing interest in mental health problems.

HOME HELP SERVICE

The continued increase in the demands on the home help service in 1959 again necessitated the recruitment of additional staff so that, by the 31st December, the total number of home helps reported on establishment had risen to 3,069, an increase of 263 over the previous year's figure. Of these, four were employed whole-time and the remainder part-time for varying periods. In consequence, the establishment of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers, was increased from 30 to 40. The full-time equivalent of the 3,069 home helps, at 1,549, was 248 more than the corresponding figure at the end of the previous year.

The County Council's proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.

In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection, the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 98.

Home Safety Bungalow Exhibit—Exterior View

Home Safety Bungalow Exhibit—Interior View

As part of the welfare scheme for the care of the aged in their own homes consideration has been given to arranging for help to be available in a way most suited to the old people's needs, including services of a home help for more frequent but shorter periods than has been the practice hitherto.

Proposals for a scheme for providing more frequent visiting of certain patients were initiated by the committee of health division No. 6 and a trial scheme was started in February. In this scheme a number of aged persons in a limited area are attended by a home help living nearby, the home help being responsible for light domestic work, shopping, fire lighting, meal preparation, etc. The group service, starting in one district, was extended to cover four districts by the year end. During the year 10,697 visits were made to a steadily increasing number of cases so that by December the average weekly number of aged persons being cared for in this way was 189.

Service Statistics.—During the five years, 1954–58, a detailed statistical survey was carried out to chart the development of this rapidly expanding service. The trends in the supply of home help to the various categories of cases were determined and reported in detail in each of these years. The position is now appreciated fully enough to dispense with the greater part of this statistical work and the Health Committee accordingly terminated the survey at the end of 1958. For the year 1959, and onwards, service statistics will be limited (*a*) to an annual count and classification of cases attended and (*b*) to four analyses of the service in four selected weeks in each year (the 11th week of each quarter). The definition of a 'case' was also amended and as a result annual case figures for the period 1954–58 will not be comparable with case figures for 1959 and later years. During the five year period an individual patient or household was counted as one case so long as home help was supplied continuously or did not involve a break exceeding three weeks. If such a break occurred that particular patient was counted again, (*i.e.*, more than once) in the annual case totals. The case totals for 1959 count once only the individual patients or households having home help during the year, regardless of the period or periods of help given. There is, therefore, some duplication of patients in the 1954–58 case totals and the 1959 totals show an apparent fall in the total number of cases attended. Although there is no strictly accurate means of calculating the amount of the apparent reduction caused by this change it is estimated to be some 20–25 per cent. In fact, all the indications are that the service has continued to expand, though perhaps rather less rapidly than in previous years.

The statement below shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last six years, together with their whole-time equivalents, and the number of instances by type of case in which home help was provided in each of these years.

Year	Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 population
	Total	Whole time equivalent	Problem families	Confinements		Tuberculosis	Chronic sick and aged & infirm	Illness and others	Total	
				At home	Away from home					
1954	1,528	768	—	754	199	180	7,523	1,442	10,098	4·9
1955	1,971	959	—	703	183	164	9,603	1,630	12,283	5·9
1956	2,251	1,102	—	685	207	155	11,561	1,757	14,365	6·9
1957	2,407	1,145	—	615	201	152	13,931	1,698	16,597	7·9
1958	2,806	1,301	11	645	178	134	15,613	1,701	18,282	8·6
†1959	3,069	1,549	18	727	145	135	13,684	1,567	16,276	7·6

† Case figures for 1959 are not comparable with those for previous years (see above).

Table 16, page 186, gives for the year 1959 a detailed breakdown of the case totals and shows for each health division the number of cases attended, distinguishing where appropriate between cases aged under 65 years and those aged 65 years and over, the proportion each category of case forms of the total of patients cared for and the ratio of cases attended to divisional populations.

Table 17, page 186, reproduces the analysis of the service provided during the 11th week of the December quarter, 1959, and gives comparative totals for all case categories combined for the corresponding week in the December quarter of the previous year. The pattern of the supply of home help is clearly defined. Of the 9,844 cases attended 8,740 or 89 per cent. were persons aged 65 years and over and these cases received 58,745 hours or 86 per cent. of the total amount of help provided during the week (68,068 hours). Not shown in the table is the fact that 8,848 cases either lived alone or lived with another person incapable of housework.

The table also illustrates the distribution of help to the nine categories of cases both as regards the number of days of the week on which help was provided and the number of hours of service involved. Of the 9,844 cases attended 6,920 required help on only one or two days of the week and 8,254 cases required less than 10 hours service.

A comparison of case totals and total hours of service provided during corresponding weeks of the December quarter of the past four years shows that, in a period of service expansion, there was a small reduction each year in the weekly number of hours of service per case.

Year	Total cases attended during the week	Total hours of service provided	Hours per case
1956	6,544	51,502	7·87
1957	7,443	54,584	7·33
1958	8,388	60,135	7·17
1959	9,844	68,068	6·91

No well defined cause is evident to explain this change. However, the increased supervisory staff can be expected to produce generally a closer adjustment between the number of hours of service supplied and the requirements of individual cases which may, of course, vary from time to time. It is unlikely that staff shortage has much influenced the supply of help as recruitment generally has been adequate, though local shortages may occur periodically.

Ability of Users to Pay for the Service.—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in about 85 per cent. of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.

MENTAL HEALTH

Administration.—As a local health authority, the County Council were assigned, under the provisions of the National Health Service Act, 1946, the powers and, to the extent the Minister of Health directs, the duty to make arrangements for the prevention of mental illness and the care and after-care of persons suffering from mental illness or mental defectiveness. In addition they were charged with the duty of ascertainment and (where necessary) removal to institutions of mental defectives and the supervision, guardianship, training and occupation of those in the community.

The treatment of mental illness, whether in hospital or at clinics, is the function of Regional Hospital Boards and Hospital Management Committees which are also responsible for the provision of institutional accommodation for defectives.

The functions of the local health authority in regard to mental health are referred to the Health Committee which established a Mental Health Sub-Committee to consider and report on matters concerned with the mental health service. This Sub-Committee, which at the end of 1959 consisted of 23 members of the County Council together with representatives of the Lancashire Branch of the Urban District Councils Association, the Lancashire Executive Council and the Lancashire Branch of the Rural District Councils Association, meets as is found necessary and 10 meetings were held during the year.

The day-to-day administration of the functions of the County Council in relation to mental health has been delegated, so far as is practicable, to the 17 Divisional Health Committees, the constitution of which is referred to earlier in this report.

Staff Employed.—The County Medical Officer is responsible for the organisation and control of the mental health service whilst the divisional medical officer and the assistant medical officers in each health division are responsible for the work in the field. In particular, it is their duty to secure the ascertainment of mental defectives within the division and to see that appropriate action is taken in cases of mental illness. All the medical officers are approved for the purpose of giving certificates under the provisions of sections 3 and 5 of the Mental Deficiency Act, 1913, and undertake the statutory medical visitation of mental defectives under guardianship. The majority of these officers are also approved under Regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953.

Four consultant psychiatrists of one of the Regional Hospital Boards have been appointed to act as advisers and consultants in several health divisions. Regular meetings have been held between the psychiatrists and the Council's mental health staff which have proved of considerable value in assessing the need or otherwise for hospital treatment and securing accommodation for urgent cases.

During 1959 the establishment of officers for the Mental Health Service was increased from 54 to 59. At the end of the year, 48 duly authorised officers (male and female) who carried out all duties in connection with the Mental Health Service and five female mental health workers (including one who is a qualified psychiatric social worker) who had no duties under the Lunacy and Mental Treatment Acts were employed in the various health divisions. Staff engaged at training centres in the Administrative County area at the end of 1959 were as follows :—

Supervisors	20
Senior assistant supervisors	1
Assistant supervisors	65
Handicraft instructors	1
Meals assistant/guides (part-time)	8
Meals assistants (part-time)	13
Guides (part-time)	74

Of the supervisors and assistant supervisors 22 were qualified and the majority of the remainder have had long experience in the work.

Co-ordination with Hospital Authorities.—As has already been mentioned in the section of this Report relating to divisional health administration, the hospital management committees have representation on the appropriate divisional health committee.

The local health authority undertake on behalf of hospital management committees the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories of patients admitted to mental hospitals and reports on (*a*) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (*b*) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases during 1959 totalled 2,803 as follows :—

	No. of visits
Mental illness—	
Case histories	849
Reports on home conditions for licence on trial or discharge ...	190
Mental deficiency—	
Progress reports in cases on licence	546
Reports on home conditions for—	
(*a*) licence or discharge	614
(*b*) the purpose of section 11 of the Mental Deficiency Act, 1913	604
	2,803

Comparative totals for each of the preceding five years are as under :—

Year	No. of visits
1954	3,036
1955	3,236
1956	2,955
1957	3,014
1958	2,875

On the whole co-operation between the officers of the hospital service and the local health authority has been good and instances of overlapping of responsibilities were relatively few.

Duties Delegated to Voluntary Associations.—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, but contact is maintained with the National Association for Mental Health and a grant is made to this Association.

Training of Mental Health Workers.—Six duly authorised officers were seconded to a refresher course for mental health workers commencing in Leeds on the 7th September, 1959, and organised by the Northern Branch of the National Association for Mental Health in conjunction with the Department of Adult Education and Extra Mural Studies of the University of Leeds. A mental health worker was seconded to a twelve month course of training in psychiatric social work commencing in Manchester in October, 1959, and organised by the University of Manchester. Four supervisors and two assistant supervisors attended a refresher course for teachers of the mentally handicapped in training centres, etc., held at Whitelands College, Putney, London, S.W.15., from the 23rd to the 31st July, 1959. One assistant supervisor was seconded to a three term diploma course for teachers of the mentally handicapped in occupation centres, etc., which commenced in Manchester on the 16th September, 1959.

Work Undertaken in the Community.—Under Section 28, National Health Service Act, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics were attended by duly authorised officers and mental health workers as required. The numbers of attendances of these officers at clinics during 1959 and the previous five years are given below :—

Year	Attendances
1954	267
1955	269
1956	304
1957	256
1958	311
1959	708

Care and after-care home visits during 1959 totalled 19,249 as follows :—

	No. of visits
In respect of patients attending out-patient clinics	2,847
In respect of persons under observation, requiring advice, etc. ...	5,394
In respect of patients discharged from mental hospitals, including ex-service personnel	10,726
In respect of patients discharged from mental deficiency institutions or guardianship	282
	19,249

The corresponding totals for the preceding five years were :—

Year	No. of visits
1954	6,666
1955	6,842
1956	7,672
1957	9,484
1958	12,655

In accordance with the County Council's approved proposals under section 28 of the National Health Service Act, 1946, and Ministry of Health Circular No. 5/52 dated January, 1952, relating to short term care of defectives, arrangements were made during 1959 for 247 defectives to be provided with such care for periods varying from two to eight weeks. Of this number, 161 were accommodated at " Orchard Dene," Rainhill, administered by the National Association for Mental Health, and five other homes at the cost of the County Council, and 86 at Ministry of Health hospitals at the cost of the appropriate Hospital Management Committee. The number provided with short term care during 1959 showed an increase of 35 over 1958 and 54 over 1957.

The County Council's approved proposals under section 28 of the National Health Service Act, 1946, also provide for the County Council to make arrangements for short holidays or outings or expeditions for any defective who is under supervision or guardianship if it appears to the Council that benefit would be derived by such arrangements, that the defective would not otherwise have a holiday and that his selection is in other respects suitable ; the County Council to pay the whole or part of the cost incurred.

During the year arrangements were made for 48 County pupils attending County and County Borough training centres to spend a week's holiday at holiday homes in Skegness, Prestatyn and Rhyl.

Under the Lunacy and Mental Treatment Acts, 1890 to 1930, by Duly Authorised Officers.—A summary of the work undertaken by these officers under the above Acts during 1959 is given in Table 18 on page 187. For the purposes of comparison the corresponding figures for each of the five preceding years are also shown.

During the year difficulty continued to be experienced in some areas in obtaining hospital accommodation for persons, particularly females, in need of treatment for mental illness.

The informal admission of patients to designated mental hospitals came into operation on the 6th October, 1959, under the Mental Health Act, 1959, (Commencement No. 1) Order, 1959. At the end of the year the number of cases known to the local health authority who were admitted to such hospitals informally was 283, these cases having been notified as suffering from mental illness.

Under the Mental Deficiency Acts, 1913 to 1938.—*Ascertainment.*—The total number of cases reported to be mentally defective during 1959 was 263 (146 males and 117 females). Of this number 205 (109 males and 96 females) were reported under section 57 of the Education Act, 1944. The corresponding totals for the five preceding years were as follows :—

Year	Total number reported	No. reported under section 57 of the Education Act, 1944
1954	197	90
1955	227	130
1956	246	135
1957	235	131
1958	272	184

The 263 cases reported during 1959 were of disposed of in the following manner :—

	Males	Females	Total
Placed under statutory supervision	88	83	171
Placed under voluntary supervision	12	10	22
Admitted to institutions	20	3	23
Not regarded as defectives	—	1	1
Removed from area	—	1	1
Action not yet taken	26	19	45
	146	117	263

The total number on the Register of Defectives at the end of 1959, excluding those in institutions and on licence therefrom, was as follows :—

	Males	Females	Total
Cases ascertained to be " subject to be dealt with " :—			
Under guardianship	7	10	17
Under statutory supervision	1,079	984	2,063
In a place of safety	3	2	5
Cases not " subject to be dealt with " :—			
Under voluntary supervision	124	140	264
	1,213	1,136	2,349

The following are the corresponding totals at the end of each of the five years prior to 1959 :—

Year	Males	Females	Total
1954	897	808	1,705
1955	962	848	1,810
1956	1,040	930	1,970
1957	1,095	1,025	2,120
1958	1,147	1,047	2,194

Admissions to institutions during 1959 and each of the previous five years are set out below :—

Year	Males	Females	Total
1954	31	42	73
1955	41	14	55
1956	31	35	66
1957	70	22	92
1958	50	49	99
1959	97	52	149

Though the number of admissions to institutions during 1959 showed an increase of 50 over the previous year, the shortage of accommodation continued to be the limiting factor. Of those admitted to institutions during 1959, 17 were admitted from the Courts and 116 were admitted on an informal basis, *i.e.*, without order or authority for detention, in accordance with Ministry of Health Circular No. 2/58, dated 15th January, 1958.

The total number of cases in institutions (including patients on licence) at the end of 1959 and at the end of each of the previous five years are given below :—

Year	Males	Females	Total
1954	856	673	1,529
1955	889	675	1,564
1956	883	684	1,567
1957	926	671	1,597
1958	967	677	1,644
1959	1,029	746	1,775

As a result of the review undertaken during the year by management committees of mental deficiency institutions in accordance with Ministry of Health Circular H.M.58(5) dated 15th January, 1958, the orders on authority for the detention in such institutions of a further 476 patients for whom the County Council is the responsible local health authority were terminated, the patients remaining in the institutions on an informal basis.

The following statement shows the number of cases awaiting institutional care at the end of 1959 and at the end of each of the previous five years :—

Year	Males	Females	Total
1954	167	89	256
1955	175	111	286
1956	208	113	321
1957	176	138	314
1958	191	129	320
1959	167	123	290

Guardianship and supervision.—During 1959 one new case was placed under guardianship and one case was transferred from guardianship to institutional care. The number of cases under guardianship at the end of the year was 17, in respect of 15 of whom maintenance grants, ranging from 51/– to 65/– per week, were being made.

Particulars of home visits paid during 1959 by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions, are set out in the statement below together with those for each year, 1954–1958 :—

	No. of visits					
	1954	1955	1956	1957	1958	1959
Cases "subject to be dealt with":—						
Under guardianship ...	222	198	170	144	144	125
Under statutory supervision	7,308	6,760	7,352	7,971	8,485	9,213
Cases "not subject to be dealt with":—						
Under voluntary supervision	787	717	700	916	1,002	971
	8,317	7,675	8,222	9,031	9,631	10,309

Training.—Four training centres set up in rented premises by the former Mental Deficiency Authority in the County area were taken over by the local health authority on the 5th July, 1948. By the end of 1959, 20 centres were operating in the County area, one less than in the previous year. A further three centres were in course of erection, two of which will replace existing centres in rented premises, and schemes were well in hand for the establishment of two centres for adults of both sexes and one for children and adult females to replace an existing centre in rented premises. During the year under report two centres in rented premises in Chadderton and Middleton were closed and replaced by a purpose-built centre in Chadderton. Another centre in rented premises in Lancaster was closed and replaced by Corporation premises in Lancaster acquired on a long term lease and specially adapted for the purpose, and accommodation for 16 adult males was provided in an adapted outbuilding in the grounds of the Droylsden Centre.

Details of attendances, etc., at County training centres during 1959 are given below :—

Health Division No.	Location of centre	No. of places available at 31st Dec., 1959	No. of days open	Total attendances	Average daily attendances	No. on register at 31st Dec., 1959	Remarks
1	Ulverston	18	195	2,312	11·9	†18	—
2	Lancaster	—	54	1,129	20·9	—	Closed 7th April, 1959
	Lancaster	60	146	4,193	28·7	36	Opened 8th April, 1959
3	Carleton	32	193	5,053	26·2	32	—
4	Chorley	39	202	6,890	34·1	39	—
5	Accrington	36	204	3,832	18·8	25	—
6	Nelson	50	203	6,267	30·9	39	—
7	Crosby	75	200	13,001	65·0	*74	—
	Burscough	60	191	5,472	28·6	47	—
8	Hindley Green, Nr. Wigan ...	40	198	5,326	26·9	38	—
9	Huyton	65	185	9,542	51·6	55	—
	Widnes	50	192	7,673	40·0	47	—
10	Newton-le-Willows ...	50	202	6,084	30·1	34	—
11	Farnworth	36	198	6,295	31·8	35	—
12	Prestwich	50	186	7,396	39·8	45	—
	Rawtenstall	60	195	8,108	41·6	49	—
14	Chadderton	—	151	2,340	15·5	—	Closed 31st October, 1959
	Middleton	—	160	3,428	21·4	—	Closed 31st October, 1959
	Chadderton	83	35	2,002	57·2	63	Opened 1st Nov., 1959
15	Swinton	40	189	6,608	35·0	40	—
16	Stretford	60	198	10,023	50·6	56	—
17	Ashton-under-Lyne...	28	200	4,392	22·0	23	—
	Droylsden	40	203	4,122	20·3	27	16 additional places from 1st Dec., 1959
TOTAL—ADMINISTRATIVE COUNTY		972	4,080	131,488	751	822	

† Includes 2 cases from Barrow-in-Furness County Borough.
* Includes 13 cases from Bootle County Borough.

In addition to the training facilities provided by the County Council, arrangements have been made for County cases to attend County Borough centres.

The numbers of cases from the Administrative County area attending training centres provided and administered (i) by the County Council and (ii) by County Borough Councils at the end of 1959 and each of the previous five years are set out below :—

Year	County Council Centres	County Borough Centres	Total
1954	371	119	490
1955	408	121	529
1956	516	107	623
1957	590	127	717
1958	783	87	870
1959	807	87	894

Transport to and from the centres is provided whenever possible in those cases where the parents are unable or unwilling to take them. For all other cases, and escorts, the County Council reimburse any travelling expenses involved.

County cases also attend three crèches established by Societies for Mentally Handicapped Children in Chorley, Preston and Eccles. The County Council make a grant to the Chorley Society towards the cost of transport of their cases attending the Chorley crèche and provide transport for their cases attending the Preston and Eccles crèches. At the end of 1959, 18 County cases were attending these crèches.

OTHER SERVICES

Medical Examinations carried out by Divisional Medical Staff.—The medical staff employed in the health divisions have always had the responsibility of carrying out medical examinations for a variety of County Council purposes. As from the 1st September, 1959, however, the Council decided that medical examinations for superannuation purposes should be discontinued and introduced instead a form of medical questionnaire (form M.E.5.Rev.) to be completed by each candidate for appointment to the Council's staff. Only in cases where the completed questionnaire indicates the need or advisability is a medical examination carried out.

It is to be noted, however, that in the case of certain categories of staff, notably staffs employed in the medical, nursing, day nursery and dental services or where the employee will be in contact with children, satisfactory medical and X-ray reports are required before the candidate can take up duty. A full list of these categories of staff is given below :—

Education Department

Nursery assistants and nursery students
Matrons and deputy matrons at special schools
All staff at special schools, except gardeners

Children's Department

Superintendents of children's homes and hostels
Matrons of children's homes and hostels
Deputy superintendents and deputy matrons of children's homes and hostels
Matrons of residential nurseries
Deputy matrons of residential nurseries
Matrons of reception centres
Deputy matrons of reception centres
Superintendents of remand homes
Deputy superintendents of remand homes
Supervisors of remand homes
Housemothers of children's homes, hostels, etc.
Assistant housemothers of children's homes, hostels, etc.
Staff nurses in residential nurseries
Nursery assistants in residential nurseries
Wardens of residential nurseries
Foster fathers of children's homes

Health Department

Divisional medical officers
Assistant divisional medical officers
District midwives
District nurses
Health visitors/school nurses
Tuberculosis health visitors
Supervisory nursing staff
Clinic clerks
Lay health assistants
All day nursery staffs
Training centre staffs
Special schools—all staff except gardeners
Ambulance driver/attendants
Home helps required to work in a tuberculous household
Dental officers
Dental attendants
Educational psychologists
Home teachers (School Health Service)
Itinerant teachers of the deaf
Physiotherapists
Psychiatric social workers
Psychiatrists
Speech therapists
Orthoptists

In addition, divisional medical officers holding appointments as medical officers of health in County districts within their divisions may also arrange for superannuation purposes, etc., the medical examinations of employees of the councils of those County districts.

The table below shows the major groups of examinations undertaken during 1959. Similar information is given by health divisions in Table 19, page 188.

Medical examinations undertaken in respect of—	No.
Superannuation—	
Fitness to enter County Council scheme (to 31.8.59)	733
Fitness to enter other local authority schemes	1,169
Fitness for job—County Council employees—	
*Examinations carried out as a result of scrutiny of forms M.E.5	284
Posts requiring compulsory examination	257
Fitness to enter other local authority sickness pay schemes	104
Fitness to resume work—County Council employees	161
Children in care of Children's Committee	1,969
Mental Deficiency and Lunacy Acts	350
Children—for employment out of school hours	3,529
Entry to teachers' training colleges	1,334
Entrants to teaching profession (Form 28 RQ)	241
Children attending camp schools	2,481
Boothstown Remand Home	832
Others	619

* During the year 4,007 forms M.E.5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

Nursing Homes.—The law relating to nursing homes is contained in sections 187–195 of the Public Health Act, 1936.

At the end of 1959 there were 27 registered nursing homes in the Administrative County area, all of which were re-inspected periodically by the divisional medical staffs.

The 27 nursing homes were situated in the following districts :—

Health Division No. 1—

Dalton-in-Furness U.D. ...	1
Grange U.D.	3
Ulverston U.D.	1
Ulverston R.D.	1

Health Division No. 2—

Lancaster M.B.	1
Lunesdale R.D.	1

Health Division No. 3—

Lytham St. Annes M.B. ...	6
Poulton-le-Fylde U.D.	1
Preesall U.D.	1
Thornton Cleveleys U.D. ...	1

Health Division No. 4—

Fulwood U.D.	1

Health Division No. 7—

Crosby M.B.	4
Formby U.D.	2

Health Division No. 10—

Golborne U.D.	1

Health Division No. 13—

Littleborough U.D. ...	1

Health Division No. 16—

Urmston U.D.	1

The following is a summary of the action taken with regard to the registration of nursing homes during 1959 :—

Applications for registration under consideration at 31st December, 1958	2
Applications for registration received	2
Certificates of registration issued	2
Applications withdrawn	2
Applications refused	Nil
Applications under consideration at 31st December, 1959 ...	Nil
Certificates of registration cancelled	2
Re-inspections carried out	34

Particulars of the cases admitted to and treated in the nursing homes during 1959 are given in the following statement :—

(*a*) Maternity cases—

(i) No. admitted	504
(ii) No. of confinements	493
(iii) No. of live births	481
(iv) No. of stillbirths	11
(v) No. of miscarriages	5
(vi) No. of deaths—mother	—
child	2
(vii) No. of confinements at which analgesia used	460

(*b*) Medical cases—

(i) No. admitted	2,274
(ii) No. of deaths	211

(*c*) Surgical cases—

(i) No. admitted	333
(ii) No. of operations performed	332
(iii) No. of deaths	5

In addition to the 27 registered nursing homes in the Administrative County area at the end of 1959, St. Annes Diocesan Maternity Home, Heywood, maintained by the Manchester Diocesan Council for Moral Welfare and "Honresfeld," Leonard Cheshire Home, Littleborough, were exempted from registration in pursuance of section 192 of the Public Health Act, 1936.

Agencies for the Supply of Nurses.—Section 2 of the Nurses Agencies Act, 1957, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him to do so. The County Council are the licensing authority in the Administrative County. At the end of 1959 there was one licensed agency, in Lytham St. Annes M.B. in Health Division No. 3.

WELFARE SERVICES

WELFARE OF THE AGED AND INFIRM AND THE HOMELESS

Residential and Temporary Accommodation.—Section 21 (1) of the National Assistance Act, 1948, provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(*a*) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them ;

(*b*) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the authority may in any particular case determine.

Section 21 (2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health.

Residential Accommodation Provided.—Full residential accommodation for persons in need of care and for certain homeless families is provided under Section 21 (1) in premises managed by the County Council, by other local authorities and by voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with this type of accommodation during 1959 :—

	Males	Females	Children
Hostels managed by County Council ...	928	1,265	—
Hostels managed by other local authorities...	23	56	—
Former public assistance institutions managed by the County Council	682	727	208
Former public assistance institutions, etc., managed by other local authorities ...	159	177	2
Establishments managed by voluntary organisations—			
Homes for the Blind	51	81	—
Other than Homes for the Blind ...	147	304	—
Totals ...	1,990	2,610	210

Of this total of 4,810 County residents, 1,511 (614 males, 718 females and 179 children) were discharged during the year and 137 males and 179 females died, leaving 2,983 (1,239 males, 1,713 females, and 31 children) still in residence at the 31st December, 1959. The comparable numbers of persons in residence at the 31st December of each of the 10 preceding years were as follows :—

Year	Males	Females	Children	Total
1949	921	894	145	1,960
1950	973	938	130	2,041
1951	1,038	1,059	67	2,164
1952	1,069	1,148	102	2,319
1953	1,105	1,237	56	2,398
1954	1,146	1,299	40	2,485
1955	1,114	1,367	66	2,547
1956	1,168	1,506	46	2,720
1957	1,194	1,548	51	2,793
1958	1,238	1,630	44	2,912

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities with whom, for the most part, " user " agreements existed prior to the 5th July, 1948. There were 90 (30 males and 60 females) such cases still in residence at the 31st December, 1959, as compared with 139 at the end of the previous year.

A more detailed statement of the numbers of persons provided with residential accommodation in the various establishments during the year 1959 is set out in Tables 20 to 26 on pages 189 to 198. It might be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.

The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year :—

Hostels

Health Division No.	Hostel	Accommodation at 31st December, 1959
1	Millwood House, Barrow-in-Furness	19
2	*The Empress, Marine Road East, Morecambe	70
	Moor Platt, Caton	27
	The Hermitage, Caton	40
	The Laurels, Lancaster	29
	Fair Elms, Lancaster	25
3	Norcross House, Norcross Lane, Carleton, Thornton Cleveleys	24
	The Woodlands, St. Andrew's Road South, St. Annes-on-Sea	24
	†The Cumberland, Esplanade, Fleetwood	49
4	The Beeches, Bonds, Garstang	44
	Withnell Fold Hall, Withnell, near Chorley	40
5	Hill Top, Manchester Road, Accrington	16
	Glendene, Knowsley Road, Clayton-le-Dale, Wilpshire	21
	Broad Oak, Sandy Lane, Accrington	42
	Northlands, Park Lane, Great Harwood	39
	Warren Holt, Whalley New Road, Wilpshire	26
6	Stanley Villas, 63, Albert Road, Colne	14
	Marles Hill, Wheatley Lane, Barrowford	27
	Higher Trapp, Trapp Lane, Simonstone	26
	Andrew Smith House, Marsden Hall Road, Nelson	50
7	Marbenthe, Marine Terrace, Waterloo	21
	Sefton House, Junction Lane, Burscough	29
	Eskdale, Gloucester Road, Birkdale	34
8	The Limes, Chorley Road, Standish	24
	Burtholme, Chorley Road, Worthington	19
	Thorley House, Atherton Road, Hindley	39
9	High Carrs, Broadgreen Road, Huyton-with-Roby	28
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	50
	‡Ethel Hanley House, Coronation Drive, Ditton, Widnes	50
10	Golborne House, Derby Road, Golborne	50
11	Hourigan House, Myrtle Avenue, Leigh	50
12	Hazelhurst, Bolton Road West, Ramsbottom	18
	Redcliffe, Hilton Lane, Prestwich	32
	Croich Hey, Hawkshaw	27
	Horncliffe House, Bury Road, Rawtenstall	38
	‡Red Bank House, Lowe Street, Radcliffe	50
13	Oaklands, Rochdale Road, Milnrow	12
	Olive House, New Line, Bacup	15
	Brooklyn, Rochdale Road East, Heywood	21
14	Claremont, 78, Windsor Road, Oldham	17
	Schofield House, Whalley Road, Middleton	40
	The Coppice, 84, Windsor Road, Oldham	22
	Broadway House, Broadway, Chadderton	50
15	Gilda Brook, Preston Avenue, Eccles	50
16	Grangethorpe, 98–100, Talbot Road, Stretford	25
17	Holme Lea, Astley Road, Stalybridge	20
	‡Sunnyside, Sunnyside Road, Droylsden	35
	Total	1,518

* Including 20 for short stay cases.
† Including 10 for short stay cases.
‡ Hostel taken into use during 1959.

Former County Public Assistance Institutions

Health Division No.	Premises	Accommodation at 31st December, 1959 Males	Females	Children
1	27, Stanley Street, Ulverston	32	19	—
2	Bay View House, 2, Quernmore Road, Lancaster	*34	30	—
3	The Highlands, Wesham, Kirkham	50	80	—
4	Moorlands, 152, Eaves Lane, Chorley	25	50	—
7	74, Wigan Road, Ormskirk	49	49	—
9	Delphside, 1, Warrington Road, Whiston	—	36	38
11	Atherleigh Grange, Leigh Road, Leigh	48	68	—
15	Bridgewater House, Patricroft, Eccles	28	33	—
17	Lakeside, Ashton-under-Lyne	83	65	—
	Total	349	430	38

* 26 of these places were temporary and occupied by former Penmoor House residents.

Although the number of available hostel places increased from 1,374 to 1,518 during 1959, the overall shortage still presented an acute problem at the end of the year and demand for vacancies continued to grow following the trend of recent years.

The evacuation during the year of Penmoor House, Clitheroe, 380 Rochdale Old Road, Bury, and the partial evacuation of Delphside, Whiston, created difficulty as the residents had to be found alternative accommodation in other premises. In addition to these movements further difficulty was caused by the accommodation at 74, Wigan Road, Ormskirk, being reduced by 25.

Lack of alternative accommodation has for several years frustrated the County Council's desire to meet requests for the transfer of County cases maintained under user agreements in County Borough accommodation. Whilst the County Council's hostel building programme envisaged the withdrawal of most of these cases it was not found possible to reduce the numbers during the year and the position was as follows :—

Authority	Accommodation	No. of County cases at 31st December 1958	1959
Blackburn C.B.C.	Park View, Blackburn	18	18
Bolton C.B.C.	Townley's Hospital Annexe	13	13
Burnley C.B.C.	Moorfields, Burnley	48	50
Liverpool C.B.C.	All premises	5	8
Preston C.B.C.	Civic Hostel, Fulwood	36	42
Warrington C.B.C.	Whitecross Homes, Warrington	13	12
Wigan C.B.C.	Social Welfare Home, Frog Lane	7	6
		140	149

Voluntary Organisations.—At the 31st December, 1958, financial responsibility had been accepted by the County Council in respect of 424 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicap of the individual. During the year responsibility was accepted for a further 159 residents, but 76 persons were discharged and 44 died, leaving a total of 463 at the 31st December, 1959. Details of these figures will be found in Tables 25 and 26 on pages 196 to 198.

The comparable numbers for previous years were as follows :—

31st December, 1948	105
31st December, 1949	178
31st December, 1950	227
31st December, 1951	228
31st December, 1952	311
31st December, 1953	342
31st December, 1954	343
31st December, 1955	343
31st December, 1956	357
31st December, 1957	391

Progress with Additional Accommodation.—Four purpose-built hostels were completed during the year as follows :—

Health Division No.	Hostel	Accommodation
5	Greenways, Darwen	50
9	Ethel Hanley House, Widnes	50
12	Red Bank House, Radcliffe	50
17	Sunnyside, Droylsden	35

The new hostels were all brought into use with the exception of Greenways, Darwen, which was completed towards the close of the year and at which the furnishing was completed at the end of the year. In addition to the completion of the four purpose-built hostels the major adaptations were almost completed at Millwood House, Barrow, which will result in the accommodation at the hostel being increased from 16 to 41. Minor alterations were carried out during the year at Brooklyn, Heywood, and as a result the nominal accommodation was increased from 17 to 21 places.

The erection commenced during the year of the following purpose-built hostels :—

Health Division No.	Project	No. of places
2	Lancaster	50
6	Padiham	50
8	Up Holland	35
11	Westhoughton	50
12	Haslingden	50
13	Wardle	50

Provision of Passenger Lifts.—The increasing proportion of residents who are very infirm necessitated the provision of passenger lifts in all purpose-built hostels opened during the year, and similar provision will be made in all further purpose-built hostels. During the year lifts were also installed at seven existing establishments: Broadway House, Chadderton; Hourigan House, Leigh; Gilda Brook, Eccles; Huyton Quarry Manor, Huyton; The Hermitage, Caton; Golborne House, Golborne; and Lakeside, Ashton-under-Lyne; the work being completed at all but the last two premises.

Future Policy.—A four-year programme was approved by the County Council in 1954 to provide some 1,200 new hostel places by 1959. This was intended to meet new demand and to allow residents in most of the former poor law institutions and those accommodated by various County Borough Councils under user agreements to be transferred to more suitable surroundings. Early in 1956, this programme was reviewed by the Health Committee in the light of the Government's call for restraint on capital expenditure, and as a result the original hostel programme was extended from four to six years for completion in the financial year 1960–61.

The outstanding hostels under this programme where building work has yet to commence are purpose-built premises to be located as follows :—

Health Division No.	Project	No. of places
14	Crompton	35
16	Stretford	50
4	Leyland	50
4	Penwortham	50
4	Chorley	35
15	Swinton	35
7	Maghull	*50
3	Kirkham	50
16	Urmston	50
9	Prescot	35
11	Farnworth	35
1	Ulverston	35

* Amended during 1959 from 35 to 50 places.

Under this programme existing allocated accommodation at 74 Wigan Road, Ormskirk, Atherleigh Grange, Leigh, and Lakeside, Ashton-under-Lyne, where extensive improvements have been carried out, was to be retained.

At the 31st December, 1958, the total number of applicants awaiting admission to residential accommodation was 442, and at the end of 1959 this number had risen to 609.

In view of the inadequate number of hostel places at present available and the consequent need for vigilance to ensure their most effective use, the following guidance has been issued to Divisional Health Committees in connection with admissions to hostels :—

1. Priority to be given to those cases in the greatest need, *i.e.*, the very frail and senile who can only receive the care and attention they need in hostels.
2. Persons should be admitted to hostels only when it is impracticable for them to be maintained at home with the help of the County Council's domiciliary services if needed.
3. The main criterion in allocating vacancies should be the needs of the applicant and the possibility that he or she will require special attention or supervision should be a qualification.

Towards the close of the year consideration was given to a new programme to follow the present programme, and the new programme approved by the County Council provides for the erection of 13 50-place and nine 35-place hostels giving a total of 965 places. Only 539 of these places will be available to meet increased demand, as 426 places are required for the undermentioned specific objects to be achieved during the programme :—

	Places
Evacuation of :—	
74, Wigan Road, Ormskirk	60
The Highlands, Wesham	35
User cases in Moorfields, Burnley	16
User cases in Whitecross, Warrington	13
Reduction of overcrowding in existing County premises	37
Provision of 50 places per year for four years for senile mental cases	200
The extent to which the present programme falls short of meeting the existing waiting list	65
	426

Short-stay Accommodation.—Twenty places are reserved at the Empress Hostel, Morecambe, and 10 places at the Cumberland Hostel, Fleetwood, to provide residential accommodation for a short period at a seaside hostel for people who are in need of care and attention for any of the following reasons :—

1.—To restore the necessary degree of capacity for independent living.

2.—During the temporary absence of a friend or relative who looks after the applicant, *e.g.*, while in hospital or on holiday.

3.—To allow relatives a respite at home.

4.—During temporary transfer from another hostel.

In order to avoid excessive demands on the staff at the two hostels applications under the scheme can be accepted only from those who are reasonably ambulant and capable of attending to their own personal requirements.

This scheme does not apply to handicapped persons for whom holiday facilities are available under para. 5 (6) of the County Council's scheme for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, nor to cases requiring a short period of convaleseenee either as a responsibility of the hospital authorities or under the provisions of section 28 of the National Health Service Act.

The demand for short-stay accommodation fluctuates during the year and as may be expected is greatest during the holiday months of June, July and August. During the year under report applications had to be refused for this peak period, and both hostels were fully booked from May until November and also for the Christmas fortnight. For the remainder of the year bookings were steady but neither hostel was ever full. A difficulty was experienced during the " wakes " weeks to which many relatives and others caring for old people were restricted in their choice of holiday period and there was a big demand from particular areas for the same fortnights. This tendeney was so marked that in one division it is proposed to arrange a seaside holiday for the residents of one hostel during the wakes weeks of 1960 so that additional short-stay cases can be accommodated locally. In all there were 386 admissions to the Empress, which included 27 married couples, and 170 admissions to the Cumberland.

The length of stay varies to meet individual circumstances but is generally restricted to 14 days. In all cases, however, an undertaking is obtained to vacate the accommodation at the expiration of the allotted period.

Where possible, public transport is used to convey short-stay cases to and from the hostels and in necessitous cases free travel vouchers are issued. The charge for the accommodation is the same as for other accommodation provided under Part III of the Act and short-stay residents are assessed to contribute towards the cost of the accommodation in the same way as permanent residents.

The scheme is operated by the Central Office and covers the whole of the Administrative County area.

Special Housing for the Aged.—In November, 1956, the County Council approved a scheme whereby grants would be made towards certain costs incurred by housing authorities in connection with special housing schemes for the aged.

These schemes consist in the main of groups of small bungalows each providing a sitting room, a bedroom (or bed-sitting room), kitchen and bathroom. Some district councils, however, have preferred to build flatlets instead of bungalows, whilst others have varied their schemes by providing a combination of both types of accommodation. Further applications of the scheme have been realized at Accrington and Eccles, where large houses have been adapted to provide a number of small flatlets. At Swinton and Pendlebury the special housing scheme is to be built adjacent to a County Council hostel and this will be the first example in the County of supervision and services being provided by hostel staff, thereby, it is hoped, effecting a saving in staffing costs.

In all cases a resident warden is employed to give the old people the help and assistance they require, and every home is connected to the warden's accommodation by a call bell system so that she can be summoned when needed. A communal room and laundry are often included in the scheme but although these are considered desirable features they are not obligatory—the minimum requirements being the employment of a resident warden and provision of a call bell system.

Estimated costs of suggested schemes are submitted to the County Council for approval. It is the Council's general policy not to approve schemes with a unit cost of over £30.0s.0d. and only in special circumstances has this limit been exceeded. During the year under report the following schemes were approved for grant purposes :—

County district	Site	No. of units of accommodation	Estimated annual cost of welfare facilities	Estimated annual cost per unit of accommodation
			£ s. d.	£ s. d.
Accrington M.B.	Waterloo House	6	134 10 6	22 8 5
	21, Manchester Road	6	135 0 0	22 10 0
Dalton-in-Furness U.D.	Beckside Road	11	225 0 0	20 9 1
Haslingden M.B.	Greenfield	*23	688 0 0	29 18 3
Lytham St. Annes M.B.	South Hey & Smithy Lane	*32	577 0 0	17 9 8
Middleton M.B.	Hollins Estate	33	297 0 0	9 0 0
Morecambe & Heysham M.B.	Penhale Court	*36	503 0 0	13 19 5
Newton-le-Willows U.D.	Fairbrother Farm Estate	*24	729 0 0	30 7 6
Rawtenstall M.B.	Newhallhey House	*11	226 0 0	20 10 10
Stretford M.B.	Happyman Site	43	763 0 0	17 14 11
Swinton & Pendlebury M.B.	Moorfield	*30	891 9 2	29 14 4
Whitefield U.D.	Elms Estate	*24	557 0 0	23 4 2
Whitworth U.D.	John Street	26	416 0 0	16 0 0
Worsley U.D.	Old Peel Hall	*28	815 0 0	29 2 2
Chorley R.D.	Whittle-le-Woods	16	320 0 0	20 0 0

* Communal facilities provided.

At the end of the year a total of 37 schemes (providing 798 units of accommodation) had been approved, and 21 of these included communal facilities.

Accommodation for Homeless Families.—Until September, 1957, residential accommodation for aged and handicapped persons provided under Part III of the National Assistance Act, 1948, was used for families falling within the scope of section 21 (1) (*b*). Mothers were admitted to allocated accommodation and the children to either the nursery at Delphside, Whiston (if under five years of age) or the Children's Home at Bay View, Lancaster (if of school age). Husbands were expected to find lodgings for themselves. Inevitably this sytem involved the breaking up of the family.

The policy of the County Council for the last few years has been to maintain and preserve the family as a unit, primarily in the interests of the children, but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties were brought into commission as special family unit accommodation in September, 1957—Hollins Cottage Homes, Farnworth, now providing for 21 families, and 31, Ashburton Road, Trafford Park, housing six families. Extensive search subsequently has failed to produce additional premises suitable for the purpose.

The properties are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

A comparative statement of the families in temporary accommodation at the end of 1958 and 1959 is given below :—

Premises	December, 1958		December, 1959			
	No. of families	Total persons	No. of families	Parents	Children	Total persons
Hollins Cottage, Homes, Farnworth	16	85	18	29	81	110
31, Ashburton Road, Trafford Park	6	30	6	6	20	26
Delphside, Whiston ...	23	64	17	17	30	47
Other establishments ...	5	15	—	—	—	—
	50	194	41	52	131	183

During the year 95 families comprising 406 persons were admitted and 104 families comprising 417 persons were discharged. The following analysis gives details of those discharged from temporary accommodation :—

	No. of families
Period in County Council accommodation—	
Less than four weeks	49
One to three months	19
Three to six months	18
Six to 12 months	10
Over 12 months	8
Reason for discharge—	
Obtained tenancy of Council house	6
Obtained private accommodation	46
Placed in " intermediate " accommodation	1
Returned to husband or other relative	27
Took own discharge—address unknown	24

Intermediate Housing.—In 1956 the County Council approved a scheme for dealing with the problem of homelessness in co-operation with district councils as housing authorities. The scheme provides for the County Council to reimburse to the district council certain financial losses incurred in respect of " intermediate " type of property made available for the housing of homeless families. During 1957 offers of such accommodation were accepted in respect of Chadderton U.D. (two houses), Dalton-in-Furness U.D. (two houses), and Padiham U.D. (two houses, although one was subsequently reclassified as normal rehousing). During 1958 further houses became available at Eccles M.B. (one), Swinton and Pendlebury M.B. (one), and Worsley U.D. (two—although one was withdrawn from the scheme to permit its use for normal rehousing).

A total of eight intermediate houses from 109 County districts does not indicate the extent of co-operation which is desirable, and the offer of more properties would materially help the County Council in dealing with the problem.

Care of the Aged in their Own Homes.—A scheme to promote the care of old people in their own homes was inaugurated by the County Council in 1954 on an experimental basis in health divisions Nos. 6, 11 and 17 and extended to cover the whole of the Administrative County area in 1957. The objects of the scheme are to encourage and assist old people to continue to live in their own homes as long as possible by the use of all available statutory and voluntary services and also to co-ordinate such services as well as to encourage and foster voluntary activity on behalf of the aged.

To achieve these objects the scheme provides for the establishment by divisional health committees of welfare sub-committees. Each sub-committee is fully representative and includes members from each district council, voluntary district old people's welfare committee, hospital management committee and local medical committee within the divisional area. Officers of the National Assistance Board also serve in an advisory capacity together with geriatricians where such appointments have been made. Provision is also made for the appointment by health divisions of a divisional welfare organiser whose duties are to ensure on behalf of the divisional medical officer that the objects of the scheme are achieved.

Efforts have been made to establish in each County district and in each parish of a rural district, a voluntary old people's welfare committee. Whilst the divisional medical officer is the co-ordinating link between the divisional welfare sub-committee and the voluntary committees, the usual practice is for the divisional welfare organiser to serve on the voluntary committees. Other divisional officers, such as nurses and health visitors, providing statutory services for the aged are also co-opted on the voluntary committees.

Before any help can be given to old people it is necessary to locate them and ascertain their needs. The results of this scheme therefore depend to a large extent on the number of voluntary workers who are prepared to come forward to undertake this arduous task. The voluntary workers are attached to the old people's welfare committees and the process of ascertainment has been commenced in over 75 per cent. of the County districts.

Records are kept of all persons of pensionable age whose needs are categorised and kept under review. As a result the demand for statutory services such as the provision of district nurses, home helps, health visitors, National Assistance allowances, etc., has been greatly increased and the following voluntary services are also being provided—meals on wheels, chiropody, clubs, shopping, collecting pensions, changing library books, visiting, transport, provision of clothing and Christmas gifts.

There is very full co-operation between the County Council and the Community Council of Lancashire whose full-time field officer works closely with officers of the County Council in connection with the care of the aged and in the establishment of local old people's welfare committees. The Community Council have also been extremely helpful in the organisation of "leader courses" where talks on statutory and voluntary welfare work have been given to voluntary workers by experienced officers. Those attending the course have been encouraged to pass on the information to other voluntary workers in respect of such services as visiting, meals on wheels, clubs, etc. A grant of £1,000 was paid to the Community Council for the financial year ending 31st March, 1960.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister. The arrangements made by the County Council for promoting the welfare of blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health.

Blind Persons.—During the year under report the main effort of the County Council continued to be directed towards the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind, at home or in open industry, arrangements for the marketing of their produce and the promotion of the general social welfare of all registered blind persons.

Registration of Blindness.—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology.

During the year 1959, 1,186 examinations or re-examinations were arranged with the following results :—

	No.	Percentage of total number examined
Persons certified as blind	597 ...	50·3
Persons certified as *not* blind	589 ...	49·7

Alleged Blind or Partially Sighted Persons.—Source of Reference.—The Ministry of Health suggested it would be useful to know the sources from which applicants for inclusion in the registers of blind or partially sighted persons are being referred to local authorities for examination, and the following statement analyses in this way the persons referred to the County Council during 1959 :—

Referred for examination by—

(*a*)	General practitioner	20
(*b*)	Medical source other than general practitioner	149
(*c*)	National Assistance Board	216
(*d*)	Lay source other than National Assistance Board	352
	Total	737

At the end of 1959 there were 4,346 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given.

Year	Age in years						
	0—	5—	16—	21—	40—	60—	Total (all ages)
1958	20	87	44	301	855	3,033	4,340
1959	13	89	47	285	827	3,085	4,346

Social Rehabilitation for Blind Persons.—Persons who lose their sight in adult life and after a succession of unsuccessful operations realise that they will never see again become very depressed indeed. At Oldbury Grange in Shropshire, an establishment belonging to the Royal National Institute for the Blind, newly blind persons are admitted for social rehabilitation and their average length of stay is 13 weeks. It is found in the majority of cases that persons admitted to Oldbury Grange find new courage and new hope ; mental independence has replaced their despair, enabling the worker to go forward for vocational training and the housewife to take up again her household tasks.

During the year 1959 the County Council paid the major portion of the maintenance fees in respect of five blind persons who were resident at this social rehabilitation centre.

Industrial Rehabilitation for Blind Persons.—If a blind person is recommended for a course of industrial rehabilitation, the County Council sends all details to the local office of the Ministry of Labour. Details of the person concerned are usually discussed by the County Council home teacher of the blind, the disablement resettlement officer of the Ministry of Labour and a County Council official, and if it is agreed that the blind person should undergo a course of industrial rehabilitation the Ministry of Labour make arrangements accordingly and pay the necessary fees.

During the year 1959 the County Council brought to the notice of the Ministry of Labour the names of 11 blind persons who were accepted for a course of industrial rehabilitation and they were admitted to either Manor House or America Lodge at Torquay, establishments belonging to the Royal National Institute for the Blind.

Workshop Employment.—At the end of 1959 the following 15 workshops for the blind employed a total of 162 blind persons under arrangements with the County Council :—

Controlling Body	Address of Workshops for the Blind
Accrington and District Institution for the Blind ...	32, Bank Street, Accrington.
Blackburn County Borough Council	Mill Hill Street, Mill Hill, Blackburn.
Blackpool and Fylde Society for the Blind	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council	Marsden Road, Bolton.
Burnley County Borough Council	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare	Lytham Road, Fulwood, near Preston.
Liverpool Cornwallis Street Workshops for the Blind ...	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Institute	Brunswick Road, Liverpool.
Manchester Henshaw's Institution for the Blind	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries	Werneth, Oldham.
St. Helens and District Workshops for the Blind ...	Boundary Road, St. Helens.
Stockport County Borough Council	St. Petersgate, Stockport.
Warrington County Borough Council	Wakefield Street, Warrington.
Wigan, Leigh and District Workshops for the Blind ...	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below :—

Occupation	Men	Women	Total
Firewood chopper	1	—	1
Brush maker	36	5	41
Machine knitter	—	30	30
Basket maker	37	3	40
Skip maker	19	—	19
Mat maker	13	—	13
Boot and shoe repairer	7	—	7
Chair caner	1	2	3
Mattress maker	5	2	7
Piano tuner	1	—	1
TOTAL ...	120	42	162

Remuneration.—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered voluntary organisations managing the workshops and at the majority of the workshops for the blind the blind workers were paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour.

HOME EMPLOYMENT.—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, *i.e.*, other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangements with the registered voluntary organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in home workers' schemes :—

Accrington and District Institution for the Blind.
Ashton-under-Lyne and District Society for the Blind.
Barrow, Furness and Westmorland Society for the Blind.
Burnley and District Society for the Blind.
Colne and District Society for the Blind.
Fulwood (Preston) Institute for Blind Welfare.
Liverpool Cornwallis Street Workshops for the Blind.
Manchester National Library for the Blind.
Rochdale and District Blind Welfare Society.
Rossendale Society for the Blind.
St. Helens and District Workshops for the Blind.
Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed at the end of 1959 were as follows :—

Occupation	Men	Women	Total
Piano tuner	7	—	7
Machine knitter	—	9	9
Braille copyist and proof-reader	4	2	6
Tea agent	1	—	1
Basket maker	1	—	1
Firewood dealer	1	—	1
Newsvendor	3	—	3
Hand knitter	—	3	3
Boot and shoe repairer	2	—	2
Poultry farmer	4	—	4
Pig breeder	1	—	1
Shopkeeper	1	—	1
Bobbin cleaner	1	—	1
TOTAL ...	26	14	40

Remuneration.—Under the revised Home Workers' Scheme of the County Council net earnings up to and including £4 10s. a week are augmented by the County Council by £3 15s. and £3 5s. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £4 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

EMPLOYMENT IN OPEN INDUSTRY.—The County Council, in consultation with the Ministry of Labour, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry at the end of the year :—

Occupation	No. employed	Occupation	No. employed
Engineering operative	26	Woodworker	4
Labourer (various industries) ...	35	Home teacher of the blind	3
Factory operative	80	Rag gatherer	2
Telephone switchboard operator ...	15	Agricultural worker	2
Dealer : tea, tobacco, newspapers	9	Boarding house keeper	1
Piano tuner	3	Massage and physiotherapy ...	7
Shopkeeper	5	Packer...	5
Shorthand-typist and clerk ...	17	Music teacher...	3
Gardener	3	Schoolteacher	1
Minister of religion	4	Agent and collector	4
Poultry farmer	5	Analytical chemist	1
Solicitor	2		
Domestic worker	11		249
Placement officer	1		

HOME TEACHERS OF THE BLIND.—The County Council employed 42 home teachers of the blind, whose duties included :—

(i) discovery of blind persons and ascertainment of their needs ;

(ii) the visitation of blind persons in their homes or elsewhere within the area of the Council ;

(iii) teaching blind persons wherever practicable to read embossed literature ;

(iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities ;

(v) generally assisting in promoting the welfare of blind persons ;

(vi) advising blind persons of all available social services, including entitlement to financial assistance from the National Assistance Board or other sources ;

(vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness ;

(viii) organising social centres and classes.

SOCIAL AND HANDICRAFT CENTRES.—At the end of 1959 there were 56 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following list shows the districts in which the social and handicraft centres were situated :—

Accrington	Eccles	*Oldham
Ashton-in-Makerfield	Failsworth	Ormskirk
Ashton-under-Lyne	Fleetwood	Padiham
Atherton	Fulwood	Radcliffe
Bacup	Heywood	Ramsbottom
*Barrow-in-Furness	Horwich	*Rochdale
*Blackpool (2)	Huyton	*St. Helens
*Bolton	Kearsley	Stretford
*Burnley	Kirkby	Swinton and Pendlebury
Chadderton	Lancaster	Thornton Cleveleys
Chorley	Leigh	Turton
Clitheroe	Litherland	Ulverston
Colne	Lowton	Walton-le-Dale
Crompton	Lytham St. Annes	Westhoughton
Crosby	Middleton	Widnes
Darwen	Morecambe	*Wigan (3)
Denton	Mossley	Worsley
Droylsden	Nelson	

* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

Talking Books for Blind Persons.—" Talking Book " machines are specially designed gramophones which play records obtained from the Royal National Institute for the Blind's "Talking Book " Library. They have proved of immeasurable benefit to many blind persons, especially those who, because of age or infirmity, have been unable to learn Braille.

Approval was given to the purchase each year of 10 such machines as part of the general welfare facilities provided by the County Council for blind persons and they will be made available on loan to blind persons, provided they are unable to meet the cost of a " Talking Book " themselves and satisfy any one of the following priority conditions :—

(*a*) Loneliness, *e.g.*, living alone, alone during the day, living in rural or isolated conditions.
(*b*) Suffering from additional disability or disease.
(*c*) Having limited expectation of life.
(*d*) Experiencing difficulty of adjustment to blindness.
(*e*) Having a proved literary interest.

There are 125 blind persons on the County Council register who have the use of " Talking Book Machines " which have been obtained from various sources. With the delivery of the machines ordered by the County Council this number should increase each year, but not to the number anticipated. Only 15 of the machines being used by blind persons have been supplied by the Council although more have been ordered. The Royal National Institute for the Blind has over 1,000 names on the waiting list for the supply of machines and is not able to indicate with any certainty when a machine which has been ordered will be supplied.

Holidays for Blind Persons.—The scheme of the County Council for the welfare of the blind provides that the Council shall continue to promote facilities for holidays for blind persons at holiday homes. During 1959 holidays were arranged for 30 blind persons as follows :—

Home	*No. of blind persons
Beachways, Southport	8
Henderson Holiday Home, Blackpool	6
Braemar Hotel, Bournemouth	4
The Regis Hotel, Blackpool	4
Craven Lodge, Harrogate	4
Leeds House, New Brighton	3
Fellowship House, Hoylake	1
	30

* Not included in Table 26, page 198.

Transport was provided by an ambulance service vehicle between the home of the blind person and the holiday home for 14 of the blind persons referred to above, and seven were supplied with a railway warrant.

Wireless Telegraphy Acts, 1949 and 1955.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmologists acting on behalf of the County Council, the required certificate is issued.

During the year 1959, 523 certificates were issued.

Certificates of Blindness for the National Assistance Board. To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, certificates of blindness in respect of the majority of the 597 persons who were registered as blind during the year 1959 were forwarded to the National Assistance Board.

Income Tax (Repayment of Post-War Credits) Act, 1959.—Under the above Act a person is entitled to receive the repayment of his or her post-war credit if he or she is certified by the appropriate local authority as being, after the 7th April, 1959, a person named in the register of blind persons compiled under section 29 of the National Assistance Act, 1948. During the period 8th April to the 31st December, 1959, certificates of blindness for this purpose were forwarded by the County Council to H.M. Inspectors of Taxes in respect of 137 blind persons.

Disabled Persons (Employment) Act, 1944.—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. A register of partially sighted persons resident in the Administrative County area is maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1959 there were 1,187 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given.

Year	Age in years						
	0—	5—	16—	21—	40—	60—	Total (all ages)
1958	4	74	34	58	154	780	1,104
1959	7	85	38	66	151	840	1,187

Follow-up of Registered Blind and Partially Sighted Persons.—The following statement gives information as to the incidence of blindness with particular reference to cataract and glaucoma among old people and retrolental fibroplasia among premature infants.

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommended :—				
(a) No treatment	127	31	2	153
(b) Treatment (medical, surgical or optical) ...	251	64	—	168
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	150	52	—	130

Deaf or Dumb Persons.—The National Assistance (Deaf and Dumb Persons) Scheme, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947," but the bulk of the field work is carried out by 14 Voluntary Societies for the Deaf and Dumb who act as the agents of the County Council in supervising deaf and dumb persons resident in the Administrative County area.

Registration.—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons, so that the registers coincide.

Welfare Services.—The agencies for the deaf employ welfare officers who provide a visiting service to cater for the problems of the deaf and dumb. They also supervise at the institutes for the deaf and dumb where the religious, recreational and welfare needs of the deaf and dumb are provided for.

The difficulty experienced by deaf and dumb persons in communicating with hearing persons results in the welfare officers having to act as interpreters whenever deaf and dumb persons make contact with hearing persons on any subject including national health insurance, national assistance, accident compensation, home helps, legal aid, hire purchase, house purchase and business transactions of various kinds, etc.

Local Authority Representation.—Provision has been made for local authority minority representation on the committees of the various agencies of the deaf.

Readjustment of Areas.—Arrangements have been made for the retention for the time being by the deaf and dumb societies of the areas for which they have been responsible over a period of years.

Financial Arrangements.—The contributions from the County Council to some of the deaf and dumb societies were arrived at on the basis of £3 per annum for each deaf and dumb person over 16 years of age on their registers at the 1st April, 1959, but to meet additional expenditure the majority of the societies have received contributions on the basis of £5 to £17 per annum in respect of each deaf and dumb person over 16 years of age. The basis of the contributions varies according to the expenditure of the individual society, the area covered and the number of institutes for the deaf supervised by a society. Early in the financial year advance payments by the County Council were made to societies for the deaf and dumb of 80 per cent. of the grant paid for the previous financial year and the balance of payment will be made at a later date according to the additional expenditure of the various societies.

The following statement shows the Societies for the Deaf and Dumb which received payments from the County Council for 1959 and the number of deaf and dumb persons resident in the Administrative County area who were supervised by these societies :—

Deaf and Dumb Society	No. of deaf and dumb persons
Blackpool	33
Bolton, Leigh and District	126
Bury and District	13
Carlisle (Barrow)	15
Liverpool Adult Deaf and Dumb Society	110
Liverpool Catholic Deaf Society of St. Vincent de Paul	34*
Manchester	194
North and East Lancashire	201
Oldham	45
Rochdale	42
Southport	19
St. Helens	27
Warrington	32
Wigan	96
	953

* Included in the 110 supervised by the Liverpool Adult Deaf and Dumb Society.

The amount paid to the North Regional Association for the Deaf for the financial year 1959–60 was £606 12s. 6d.

Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—During 1959 there was further development of the welfare services provided for handicapped persons other than those who are blind, partially sighted, hard of hearing or deaf.

Register.—The number of persons on the County Council's register of handicapped persons again increased and by the 31st December, 1959, was 7,866. This compares with 7,313 registered at the end of 1958 and 6,408 at the end of 1957. The following is a summary of the register at the end of 1959, classified in accordance with the Ministry of Labour's code for disabled persons :—

Code	Classification of handicap	Sex	Age in years					Total (all ages)
			0—	16—	30—	50—	70—	
A/E	Amputation	M.	2	8	99	171	49	329
		F.	6	2	20	54	24	106
F	Arthritis and rheumatism	M.	9	4	34	111	41	199
		F.	6	14	66	446	167	699
G	Congenital malformations and deformities	M.	69	39	28	36	2	174
		F.	44	48	34	56	15	197
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin	M.	173	47	75	229	24	548
		F.	131	43	47	151	40	412
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine	M.	21	35	82	135	34	307
		F.	14	18	40	88	24	184
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	122	195	298	279	29	923
		F.	123	147	271	302	37	880
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V	M.	638	301	182	56	9	1,186
		F.	461	297	181	86	23	1,048
X	Tuberculosis (respiratory)	M.	7	17	56	47	1	128
		F.	11	17	21	12	2	63
Y	Tuberculosis (non-respiratory)	M.	8	13	14	6	—	41
		F.	5	10	12	11	2	40
Z	Diseases and injuries not specified above	M.	129	28	25	23	5	210
		F.	87	22	17	49	17	192
	TOTAL	M.	1,178	687	893	1,093	194	4,045
		F.	888	618	709	1,255	351	3,821

Included in the register are 1,350 mental defectives under codes U/W, and 2,066 children aged under 16 years. Although these mental defectives and children have been included in the register they are in general catered for by the County Council under the mental health and school health services.

OCCUPATIONAL THERAPY.—It was again possible to expand the teaching of handicrafts and by the end of the year 10 of the 17 health divisions were each employing a full-time occupational therapist or handicraft teacher whilst a further two divisions (Nos. 4 and 9) were each employing two. The remaining five divisions employed part-time staff. The occupational therapists and handicraft teachers, in addition to domiciliary visiting and teaching, also attended classes organised at County Council social centres for the handicapped and, in some divisions, at hostels for the aged. In 1959, 10,728 domiciliary visits were made to 971 persons as compared with 8,340 visits to 1,108 persons in 1958 and 6,571 visits to 594 persons in 1957. In some areas, handicraft classes were provided under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of handicapped persons attending these classes, and those held at social centres, was 611. The comparable figure for 1958 was 590 and, for 1957, 463.

SOCIAL CENTRES.—During the year a further eight social centres for the handicapped were opened making a total of 24 centres in operation at the end of the year. Twelve health divisions were then running at least one social centre for the handicapped, whilst in two of the remaining five divisions this type of activity was catered for by the Inskip League of Friendship. The total active membership of County Council centres was 686 at the year end. It is intended to continue to develop this service for the handicapped until a centre has been set up in each area where there is a sufficient number of handicapped persons.

There are twelve branches of the Inskip League of Friendship providing social activities for handicapped persons from the Administrative County, three of these being situated in county boroughs. In addition, the Cripples' Help Society sponsor clubs in Middleton and Accrington whilst there is a branch of the Invalid Tricycle Association in North Manchester which caters for the handicapped from some of the districts in health division No. 12. During the year the County Council gave financial assistance to these voluntary organisations and were represented on the committees of the Cripples' Help Society and on those of branches of the Inskip League of Friendship.

SOCIAL WORKERS.—By the end of the year a social worker was working in each of health divisions 13 and 14. These workers are concerned in visiting the handicapped, organising social activities and centres, dealing with voluntary organisations providing services for the handicapped and in general working with the divisional welfare organiser on the provision of services for the handicapped. It is hoped that further social workers will be appointed in the future to work in other health divisions.

Residential Accommodation.—Accommodation is provided for handicapped children in six special schools run by the County Education Committee whilst some children are maintained in special schools run by other authorities or voluntary organisations.

A number of sites in Lytham St. Annes, Cleveleys and Fleetwood were visited in connection with the erection of a hostel for handicapped persons and a site on the Esplanade in Fleetwood was earmarked as the most suitable. By the year end negotiations were in progress for the purchase of this site, and the County Architect had been asked to prepare preliminary plans for a hostel to accommodate 35 permanent and 15 short-stay cases.

On the 31st December, 1959, the County Council were maintaining 174 epileptics in colonies and 37 handicapped persons in homes run by voluntary organisations. This compares with 174 epileptics and 27 handicapped persons maintained at the end of 1958 and 185 epileptics and 18 handicapped persons at the end of 1957. In addition, 536 handicapped persons were maintained in County Council hostels, allocated accommodation or accommodation managed by other welfare authorities. By far the largest proportion of these persons have handicaps associated with old age, but there were five males and six females between the ages of 16 and 30, and 29 males and 24 females between the ages of 30 and 50 living in hostels or allocated accommodation at the year end. It is hoped that it will be possible to transfer many of these younger handicapped persons to special hostels in due course.

Holidays.—Arrangements were made for 238 handicapped persons to have a holiday during the year and of these persons 184 were sent to Beachways at Southport, whilst 21 spent a week at Prestatyn Holiday Camp. In the previous year 181 handicapped persons had been sent on holiday, whilst in 1957 the number was 176. The use of a holiday camp was a new departure and one which was a great success, so much so that it is intended to send many more handicapped persons on this type of holiday in future. Transport to and from the holiday home, or to and from local railway stations, was provided by the County Council for 187 cases in 1959 as compared with 134 in 1958 and 132 in 1957.

Transport.—In addition to the transport mentioned in the preceding paragraph, arrangements were made to convey severely handicapped persons to weekly meetings at social centres. Wherever possible the County ambulance service provides this transport, but due to the increase in the number of social centres in operation it has been necessary to extend the use of private hire transport in many areas. During the year 230 persons were regularly conveyed by ambulance service vehicles to social centres and 133 by private hire transport. In the previous year 171 were regularly conveyed by ambulance service vehicles and 61 by private hire transport.

Adaptations at the Homes of Handicapped Persons.—Adaptations were carried out at the homes of 64 handicapped persons where the person concerned was to receive a vehicle from the Ministry of Health. In addition 34 persons were assisted in the carrying out of adaptations to provide them with greater comfort or convenience. The cost to the County Council was £2,100. In 1958, £1,911 was spent on 69 projects and, in 1957, £1,765 on 77 projects.

Equipment.—As a general rule it is not the policy of the County Council to provide small aids and gadgets such as long and thick handled cutlery, stocking pullers-on, walking appliances, tap turners, etc., for handicapped persons as these are either easy to make or cheap to purchase. More expensive aids such as lifting hoists, page turners, typing aids, specialised chairs, etc., are issued on loan to suitable handicapped persons. Apart from the issue of this type of equipment in 1959 one handicapped man was supplied with a special type of hairdresser's chair to enable him to continue to work in his own business.

Epileptics and Spastics.—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy :—

	Age (years) 0—	16—	Total
Epileptics—			
At home	85	239	324
In special schools	41	—	41
In epileptic colonies	—	174	174
In other Part III accommodation	—	39	39
	126	452	578
Spastics—			
At home	154	202	356
In special schools	54	—	54
In homes run by voluntary organisations	—	12	12
In other Part III accommodation	—	2	2
	208	216	424

Detailed information has been given in previous reports about services provided for epileptics and spastics under the Education Act, 1944, the National Health Service Act, 1946 and the National Assistance Act, 1948, and also about liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards. Similar arrangements operated during 1959.

OTHER SERVICES

Registration of Homes for Disabled and/or Old Persons.—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the councils of counties and county boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the divisional health committees and 52 such homes were registered at 31st December, 1959. The homes are situated in the areas of the following health divisions :—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B.	2
	Lancaster R.D.	3
	Morecambe and Heysham M.B.	2
3	Lytham St. Annes M.B.	7
	Fleetwood M.B.	1
	Thornton Cleveleys U.D.	2
4	Fulwood U.D.	1
	Preston R.D.	1
5	Accrington M.B.	1
	Oswaldtwistle U.D.	1
6	Nelson M.B.	2
7	Crosby M.B.	8
	Formby U.D.	2
	West Lancashire R.D.	1
9	Widnes M.B.	1
10	Warrington R.D.	1
11	Leigh M.B.	2
12	Prestwich M.B.	3
	Tottington U.D.	1
	Whitefield U.D.	1
14	Lees U.D.	1
15	Eccles M.B.	2
	Swinton and Pendlebury M.B.	1
16	Stretford M.B.	1
	Urmston U.D.	2
17	Ashton-under-Lyne M.B.	1
	TOTAL—Administrative County	52

War Charities Act, 1940.—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1959, there were 69 charities registered.

Temporary Protection of Property.—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for hospital management committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made. Since the Act came into force on the 5th July, 1948, there has been a progressive increase in the volume of work falling to be carried out under the provisions of this particular section of the Act.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of former residents in hostels or persons whose property has been protected under section 48 of the National Assistance Act when these die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

The following summary shows the number of cases dealt with during the course of the year :—

Applications to the Court of Protection for the appointment of a receiver or the issue of other directions in the estates of mental patients	14
Other action to protect patients' property	14
Applications to the Court of Protection to determine receivership orders owing to death or discharge of patient	1
Action to dispose of property of deceased patients/residents, including reports to solicitor for the Duchy of Lancaster	18
Former mental patients restored to management of their own affairs ...	1
Cases referred in respect of debts due to the County Council where a charge was established with the court	32*
Miscellaneous	25
	105

* The total sum recovered as a result of this action was £3,523.

Civil Defence.—Welfare Section.—The County Medical Officer of Health was appointed by the County Council as head of the Welfare Section of the County Division of the Civil Defence Corps and also as the County Rest Centre Officer. A considerable volume of work arises in connection with these appointments and this is described briefly in the following paragraphs.

Rest Centre Officer.—The Rest Centre Service is one in respect of which the County Council is charged both with planning and operational responsibility. As Rest Centre Officer the County Medical Officer of Health is responsible for the plans and arrangements for the care of the homeless and other refugees and the provision of rest centre accommodation in the event of war. The work involved has been and still is very comprehensive but much of it is confidential and cannot be referred to in detail. It has included —

(*a*) the formulation of the County Council's rest centre plan embodying zonal plans in respect of target and vulnerable areas ;

(*b*) earmarking of premises for use as rest centres in accordance with the County Council's plan ; and

(*c*) co-ordination of the rest centre plans and of the premises earmarked for use as rest centres with the plans and premises earmarked for use as emergency meals centres.

The County Council, on the recommendation of the Civil Defence Committee, have decided, subject to the approval of the Minister of Health, to delegate to District Councils responsibility for the staffing and local operation of rest centres.

Agreement about delegation was reached with most County District Councils ; the remaining Councils mainly envisaged staffing difficulties and negotiations were proceeding.

Welfare Section.—The officer appointed head of the section is responsible for making arrangements for the training of the personnel of that section in the specialised duties of the section. In the case of the welfare section this is rendered more difficult by the fact that unlike other sections of the corps which cover one service only, the welfare section is comprised of a number of distinct services. Although the welfare of the public is the predominant feature of each of them they are very diverse in type and operational or functional responsibility for them rests partly with the County Council and partly with County District Councils.

These services are as follows :—

Service	Functional or operational responsibility
Care of the homeless and rest centres ...	County Council—Delegation of local operation to County District Councils. Overall planning and responsibility remain with the County Council.
Emergency feeding	County Council, overall planning.—Local operation delegated to County District Councils.
Evacuation and billeting	County District Councils.
Information	County District Councils.
Shelter, welfare and hygiene ...	County District Councils.

It was decided, as part of the County Council's Civil Defence Scheme, that the County Medical Officer of Health would act through the divisional medical officers, who would be the appropriate officers locally for welfare purposes and the divisional basis on which normal health and welfare functions are administered has been followed in the matter of welfare section training.

There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer of Health in civil defence matters acts as the officer of the Civil Defence Committee and the divisional medical officers, as his representatives locally, are similarly acting on behalf of that Committee.

The training of volunteers continued throughout the year in most areas. In July there were 11 centrally trained and 20 locally trained instructors available and the following numbers of volunteers had completed their standard training :—

	Standard Training	Additional Training	Advanced Training
Evacuation and care of the homeless (only) ...	684	214	11
Emergency feeding (only)	86	1	—
Evacuation, etc., and emergency feeding	630	330	12

In addition 235 volunteers had qualified in " full " first aid and 52 in " full " home nursing. There were also 891 volunteers who had not commenced training.

Every effort was made to select the right type of volunteer for training as a local instructor and selected local instructors were recommended for Home Office courses.

Compulsory Removal of Persons in need of Care and Attention.—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chonic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

In only three instances was the use of such powers in 1959 reported by local medical officers of health, the resultant orders securing the removal to accommodation provided under Part III of the Act of three females, aged respectively 68, 82 and 83 years. The first mentioned voluntarily remained beyond the period named in the order and ultimately returned home. The second patient died 12 days after admission.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are, on the whole, well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1959 together with the owning authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated.

LOCAL WATER SUPPLIES.

Urban Districts	Authority owning supply	Source of supply
Abram	Liverpool C.B.C.	Rivington reservoir.
Accrington (B)	Accrington District Water Board; Burnley C.B.C.; Manchester C.B.C.	Moorland and deep wells; borehole and colliery; Haweswater.
Adlington	Manchester C.B.C.; Blackrod U.D.C.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield	Ashton-in-Makerfield U.D.C.; Liverpool C.B.C.	Upland surface water; Rivington reservoir.
Ashton-under-Lyne (B)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valleys.
Aspull	Bolton C.B.C.; Liverpool C.B.C.; Wigan R.D.C.	Upland surface water; Rivington reservoir; deep wells.
Atherton	Manchester C.B.C.	Thirlmere; upland surface water.
Audenshaw	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield Valley.
Bacup (B)	Bacup M.B.C.	Cowpe and Sheephouse reservoirs.
Barrowford	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Billinge and Winstanley.....	St. Helens C.B.C.	Upland surface and deep well.
Blackrod	Blackrod U.D.C.	Upland surface water and springs.
Brierfield	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Carnforth	Lancaster M.B.C.	Moorland—reservoir at Withnets.
Chadderton	Oldham C.B.C.; Manchester C.B.C.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor.
Chorley (B)	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Church	Accrington District Water Board; Oswaldtwistle U.D.C.	Moorland and deep wells; upland surface water and disused mine workings.
Clayton-le-Moors	Accrington District Water Board	Moorland and deep wells.
Clitheroe (B)	Clitheroe M.B.C.	Grindleton Fell.
Colne (B)	Colne M.B.C.	Moorland and springs—Laneshaw reservoir.
Crompton	Oldham C.B.C.	Various upland sources.
Crosby (B)	Liverpool C.B.C.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness ...	Barrow-in-Furness C.B.C.	Upland surface water.
Darwen (B)	Darwen M.B.C.; Bolton C.B.C.	Upland surface water.
Denton	Manchester C.B.C.	Thirlmere, Woodhead and Haweswater.
Droylsden	Manchester C.B.C.	Longdendale reservoir.
Eccles (B)	Manchester C.B.C.	Thirlmere.
Failsworth...	Oldham C.B.C.; Manchester C.B.C.; Ashton-under-Lyne, etc., Waterworks Joint Committee	Piethorne reservoir; Thirlmere; Brushes and Greenfield valley.
Farnworth (B)	Bolton C.B.C.	Upland surface water.
Fleetwood (B)	Fylde Water Board	Moorland Water—Grizedale and Stocks.
Formby	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood	Preston and District Water Board	Upland surface water.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Authority owning supply	Source of supply
Golborne	(*a*) Ince-in-Makerfield U.D.C. ; (*b*) Newton-le-Willows U.D.C. ; (*c*) Liverpool C.B.C. ; (*d*) Warrington C.B.C.	(*a*) Deep wells ; (*b*) Deep wells ; (*c*) Rivington reservoir ; (*d*) Deep wells.
Grange	Grange U.D.C.	Upland surface water and spring.
Great Harwood	Accrington District Water Board	Moorland and deep wells.
Haslingden (B)	Irwell Valley Water Board ; Accrington District Water Board	Various upland sources and deep wells.
Haydock	Liverpool C.B.C.	Rivington reservoir.
Heywood (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley	Liverpool C.B.C.	Rivington reservoir.
Horwich	Horwich U.D.C.	Moorland, deep well and springs.
Huyton-with-Roby ...	Liverpool C.B.C.	Lake Vyrnwy.
Ince-in-Makerfield ...	Ince-in-Makerfield U.D.C. ; Liverpool C.B.C.	Deep artesian wells ; Rivington reservoir.
Irlam	Manchester C.B.C. ; Warrington C.B.C.	Thirlmere ; deep wells.
Kearsley	Bolton C.B.C. ; Irwell Valley Water Board	Various upland sources.
Kirkby	Liverpool C.B.C. ; St. Helens C.B.C.	Upland surface ; deep well.
Kirkham	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.)	Lancaster M.B.C. ; Manchester C.B.C. (emergency only)	Moorland surface water—Upper Wyresdale and borehole ; Thirlmere.
Lees	Oldham C.B.C.	Upland surface water.
Leigh (B.)	Liverpool C.B.C. ; Manchester C.B.C.	Rivington reservoir ; Thirlmere.
Leyland	Leyland U.D.C. ; Manchester C.B.C.	Deep boreholes ; Thirlmere.
Litherland	Liverpool C.B.C.	Lake Vyrnwy.
Littleborough	Rochdale C.B.C.	Upland surface water.
Little Lever	Irwell Valley Water Board	Various upland sources.
Longridge	Preston C.B.C.	Upland surface water.
Lytham St. Annes (B.) ...	Fylde Water Board	Moorland water—Grizedale and Stocks
Middleton (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow	Rochdale C.B.C. ; Oldham C.B.C.	Various upland sources.
Morecambe & Heysham (B.) ...	Lancaster M.B.C.	Moorland surface water—Upper Wyresdale and borehole.
Mossley (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield Valley and artesian wells.
Nelson (B.)	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Newton-le-Willows ...	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk	Ormskirk U.D.C. ; Southport and District Water Board	Deep wells.
Orrell	Orrell U.D.C. ; Wigan C.B.C.	Disused mine shaft and deep wells ; upland surface water.
Oswaldtwistle	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham	Padiham U.D.C.	Moorland surface water—Churnclough and Stainscombe.
Poulton-le-Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot	Liverpool C.B.C.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.)	(*a*) Manchester C.B.C. ; (*b*) Heywood and Middleton Water Board ; (*c*) Irwell Valley Water Board	(*a*) Thirlmere ; (*b*) Ashworth Moor, Knoll Moor and Rooley Moor ; (*c*) Various upland sources and deep well.
Radcliffe (B.)	Irwell Valley Water Board ; Bolton C.B.C.	Various upland sources and deep well.
Rainford	St. Helens C.B.C.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Authority owning supply	Source of supply
Rawtenstall (B.)	Irwell Valley Water Board ; Bacup M.B.C.	Various upland sources.
Rishton	Accrington District Water Board	Moorland and deep wells.
Royton	Oldham C.B.C.	Various upland sources.
Skelmersdale	Southport and District Water Board ; Up Holland U.D.C.	Deep wells.
Standish-with-Langtree ...	Liverpool C.B.C. ; Manchester C.B.C.	Anglezarke ; Thirlmere.
Stretford (B.)	Manchester C.B.C.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.)	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water ; Thirlmere.
Thornton Cleveleys ...	Fylde Water Board	Moorland water—Grizedale and Stocks.
Tottington	Irwell Valley Water Board	Various upland sources.
Trawden	Trawden U.D.C.	Springs—Boulsworth Hill.
Turton	Bolton C.B.C.	Upland surface water.
Tyldesley	Manchester C.B.C.	Thirlmere and Haweswater.
Ulverston	Barrow-in-Furness C.B.C.	Upland surface water—Pennington reservoir.
Up Holland	Up Holland U.D.C.	Two deep wells at Tontine and Roby Mill.
Urmston	Manchester C.B.C.	Thirlmere and Longdendale.
Walton-le-Dale	Manchester C.B.C. ; Preston C.B.C.	Thirlmere ; upland surface water.
Wardle	Rochdale C.B.C.	Upland surface water.
Westhoughton	Bolton C.B.C.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources.
Whitworth	Rochdale C.B.C.	Upland surface water.
Widnes (B.)	Widnes M.B.C.	Deep wells.
Withnell	Liverpool C.B.C.	Withnell reservoir.
Worsley	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water ; Thirlmere.
RURAL DISTRICTS		
Blackburn	(*a*) Blackburn C.B.C. ; (*b*) Manchester C.B.C. ; (*c*) Darwen M.B.C. ; (*d*) Oswaldtwistle U.D.C.	(*a*) Brennand ; (*b*) Thirlmere ; (*c*) and (*d*) upland surface water.
Burnley	Burnley R.D.C. ; Burnley C.B.C. ; Nelson M.B.C. ; Accrington District Water Board ; Padiham U.D.C.	Chiefly upland surface water, springs and boreholes.
Chorley	Manchester C.B.C.	Thirlmere.
Clitheroe	Clitheroe R.D.C. ; Blackburn C.B.C. ; Accrington District Water Board ; Fylde Water Board ; Clitheroe M.B.C. ; Manchester C.B.C.	Moorland and springs.
Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster	(*a*) Manchester C.B.C. ; (*b*) Lancaster M.B.C. ; (*c*) Fylde Water Board	(*a*) Thirlmere ; (*b*) Wyresdale Fells ; (*c*) Grizedale and Stocks.
Lunesdale	Lunesdale R.D.C. ; Manchester C.B.C.	Caton and Hornby Castle ; Thirlmere.
Preston	Preston and District Water Board	Upland surface water.
Ulverston	Ulverston R.D.C. ; Barrow-in-Furness C.B.C. ; Grange U.D.C. ; Ulverston U.D.C.	Mainly upland surface water.
Warrington	(*a*) Liverpool C.B.C. ; (*b*) Warrington C.B.C. ; (*c*) St. Helens C.B.C.	(*a*) Rivington reservoir ; (*b*) and (*c*) deep wells.
West Lancashire	(*a*) Liverpool C.B.C. ; (*b*) Southport and District Water Board ; (*c*) St. Helens C.B.C. ; (*d*) Preston C.B.C. ; (*e*) Ormskirk U.D.C. ; (*f*) Up Holland U.D.C. ; (*g*) Wigan R.D.C. ; (*h*) Manchester C.B.C.	(*a*) Rivington reservoir ; (*b*) to (*g*) deep wells and upland surface water ; (*h*) Thirlmere.
Whiston	(*a*) Liverpool C.B.C. ; (*b*) St. Helens C.B.C. ; (*c*) Widnes M.B.C.	(*a*) Rivington reservoir ; (*b*) and (*c*) deep wells.
Wigan	(*a*) Wigan R.D.C. ; (*b*) Liverpool C.B.C. ; (*c*) Blackrod U.D.C.	(*a*) Deep wells ; (*b*) Rivington reservoir ; (*c*) upland surface water and springs.

Public Mains Supplies.—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1959 and the preceding year receiving water from the public mains. Almost all received their water supply direct, only 60 houses being served by stand-pipes at the end of 1959.

Water supplied from public mains

	1958		1959	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	599,740	1,809,800	607,800	1,831,000
Total Rural Districts.....	87,825	289,900	90,000	293,000
Administrative County	687,565	2,099,700	697,800	2,124,000

In addition to 13,800 new houses reported to have been connected during the year to the public mains supply there were also 205 existing houses provided with such a supply for the first time.

All water supplies were severely tested by the long summer drought of 1959 which followed an unusually dry winter. Difficulties in terms of quantity were reported from 23 of the 109 County districts and these were variously met by purchasing supplies from other sources or by applying restrictions upon consumption. In quality the public water supplies were generally reported to be satisfactory although some deterioration occurred in three or four districts towards the end of the drought. In areas supplied from outside sources sampling of the water by the local authorities is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself undertakes routine sampling. During 1959, however, 1,017 samples of the untreated water were submitted from 44 County districts for bacteriological examination and of these 304 were reported to be unsatisfactory. Of 286 samples submitted from 23 districts for chemical analysis 54 were unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 2,018 from 63 districts for bacteriological examination and 361 from 32 districts for chemical analysis. Unsatisfactory results were reported on 234 of the former and 19 of the latter.

Private Supplies.—According to local reports some 9,350 dwellings, housing an estimated population of 26,700, were still dependent upon supplies from wells, springs, etc., at the end of 1959. Bacteriological examination of the untreated water was made in 439 instances and 209 of the samples were found to be unsatisfactory. Chemical analyses numbered 22, of which 6 gave unsatisfactory results. Of treated water where treatment was installed 49 samples taken for bacteriological examination gave 21 unsatisfactory results and 3 for chemical analysis were all unsatisfactory. In all cases of unsatisfactory results the consumers were notified and advised on all necessary precautions. In several cases alternative supplies, including connection to the public mains, were provided.

Financial Assistance.—Under the following heading of "Drainage and Sewerage" reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, and section 56 of the Local Government Act, 1958, in connection with water supply schemes.

Drainage and Sewerage.—During 1959 some 13,200 newly built houses, flats, etc., were connected to the drainage and sewerage systems and a further 1,080 existing houses, previously utilising other and less preferable methods, were also connected. This linking up of mainly new property to existing drainage and sewerage systems occurred in almost every district, of course, but in addition activity on the initiation of new and the extension and improvement of existing systems was reported from one third of the 109 County districts. There still remains a number of small localities or townships lacking proper drainage and/or sewerage systems but generally this is due to such physical barriers as inclined ground, mining subsidence, canals and railways. Many such areas are connected, however, to septic tanks.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Local authorities are obliged by the Act of 1944 to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act the Minister of Housing and Local Government is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

The purpose of the Act of 1955 was to amend the requirements of the Act of 1944 with respect to undertakings under section 1 of that Act to make contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

A further Act, the Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of moneys provided by Parliament which may be made under the section referred to above.

Particulars of applications received during the year 1959 are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken by County Council (to February, 1960)	Decision of Minister of Housing and Local Government (to July, 1960)
Garstang R.D.C. ...	Water Supply to Nether Wyresdale (£26,524)	Approved for submission to Minister of Housing and Local Government.	The Minister passed the scheme to the Minister of Agriculture, Fisheries and Food who agreed to contribute £9,250 towards the cost, on the grounds that the area served is mainly agricultural. The County Council were thus precluded from making a grant under the Rural Water Supplies and Sewerage Acts (the District Council have since applied for special consideration to be given to the scheme with a view to receiving financial assistance from the County Council).
Ulverston R.D.C. ...	Satterthwaite water supply (£11,736)	Approved for submission to Minister of Housing and Local Government.	—
Warrington R.D.C. ...	Township of Burtonwood, Phipps Lane and Broad Lane—sewerage scheme (£11,300)	Approved for submission to Minister of Housing and Local Government.	No grant.
Warrington R.D.C. ...	Township of Rixton-with-Glazebrook. Hollins Green drainage scheme Section I (£4,842)	Approved for submission to the Minister of Housing and Local Government.	—
West Lancashire R.D.C....	Extension of drainage facilities—parish of Halsall (£9,790)	Approved for submission to the Minister of Housing and Local Government.	No grant.
West Lancashire R.D.C....	Aughton—relief sewer (£1,697)	Approved for submission to the Minister of Housing and Local Government.	No grant.
West Lancashire R.D.C....	Bickerstaffe—drainage (£4,720)	Approved for submission to the Minister of Housing and Local Government.	No grant.
West Lancashire R.D.C....	Extension of Aughton sewage works (£52,102)	Approved for submission to the Minister of Housing and Local Government.	—
Wigan R.D.C. ...	Water supply—extension and reconstruction scheme (£125,000)	Half-yearly grants of £1,478 for 30 years.	Half-yearly grants of £1,500 for 30 years.

In addition, further action was taken during the year in connection with certain schemes which were the subject of applications made in previous years and particulars are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken
Clitheroe R.D.C. ...	Improvement of water supplies (£20,200)	In March, 1956, the Minister of Housing and Local Government agreed to make half-yearly payments of £220 for 30 years towards the cost of the scheme and the County Council agreed to make half-yearly payments of £183. The final cost of the scheme has now been ascertained at £18,345 and as the Minister is maintaining his grant at £220, the County Council have increased their grant to £212 half-yearly for the 30 years.
Lunesdale R.D.C. ...	Nether Kellett — sewerage scheme (£15,690)	In 1953 the County Council approved this scheme, and the Minister of Housing and Local Government has now indicated that he will make a grant of £231 half-yearly for 30 years. The County Council have agreed to make an identical contribution.
Lunesdale R.D.C. ...	Over Kellett—sewerage scheme (£18,332)	In 1953 the County Council approved this scheme, and the Minister of Housing and Local Government has now indicated that he will make a grant of £216 half-yearly for 30 years. The County Council have agreed to make an identical contribution.
Ulverston R.D.C. ...	Water supply—Lower Allithwaite (£1,744)	The final cost of the scheme was ascertained at £1,448. The Minister of Housing and Local Government reduced his original grant (£400) to £300 and the County Council grant was reduced accordingly.
Warrington R.D.C. ...	Poulton and Woolston—sewerage scheme (Stages I to IV) (£376,292)	In 1956 the County Council and the Minister of Housing and Local Government agreed to contribute £365 each, every half-year, for 30 years, towards the cost of this scheme. In 1957 the Minister undertook to increase this grant to £1,635 half-yearly for 30 years. The district council have applied to the County Council for a similar increase in their grant and it has been agreed that the County Council's contribution should be increased by £1,270 to £1,635 half-yearly for 30 years.
Wigan R.D.C. ...	Sewerage and sewage disposal scheme—Wrightington, Mossy Lea (£47,000)	In 1958 the County Council approved this scheme and the Minister of Housing and Local Government has now indicated that he will contribute £300 half-yearly for 30 years towards the cost. The County Council have agreed to make an identical payment.

Local Government Act, 1958.—Section 56.—In the past grant assistance to local authorities from the County Council towards the cost of schemes has been given largely through the medium of section 307 of the Public Health Act, 1936. This statutory power was repealed with effect from the 23rd July, 1958, by section 56 of the Local Government Act, 1958, which gave a general power to the County Council to make any contribution they think fit to the expenses of a County district council. In those circumstances, the formula under which grants had been made under section 307 of the Public Health Act, 1936, was continued under the authority of section 56 of the Local Government Act, 1958.

Particulars of the applications received during the year 1959 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below:—

Authority	Nature of application and estimated cost	Action taken
Ashton-u-Lyne M.B.C. ...	Reconstruction of sewage disposal works at Dukinfield (£305,000)	Admitted for grant aid in accordance with the normal formula of the County Council.
Atherton U.D.C. ...	Drainage proposals (£21,500)	Scheme approved and agreed that as and when the financial position of the Corporation entitles the Corporation to grant aid the normal formula of the County Council shall then apply.
Dalton-in-Furness U.D.C.	Martin sewage disposal scheme (£2,400)	Scheme approved for grant purposes in accordance with the County Council's scheme of financial assistance. The rate of any grant which may become payable will be considered if and when the comparative rate position of the district council makes this necessary.
Darwen M.B.C. ...	Reconstruction of Hollin's sewage disposal works (£188,000)	Scheme admitted for grant purposes in accordance with the County Council's normal formula.
Failsworth U.D.C. ...	Ashton Road/Roman Road sewerage scheme (£29,000)	Scheme approved, it being understood that the district council do not at present qualify for grant aid under the County Council's normal formula.

Authority	Nature of application and estimated cost	Action taken
Formby U.D.C. ...	Reconstruction of sewage disposal works (£91,820)	Engineering details of scheme approved, subject to the clarification of drainage capacities and subject to the rate of grant being considered as and when the comparative rate position of the urban district makes this necessary.
Hindley U.D.C. ...	Platt Bridge sewage disposal works (£235,000)	Scheme admitted for grant purposes in accordance with the County Council's normal formula.
Huyton-with-Roby U.D.C.	(a) Huyton Lane relief sewer (£1,256) (b) Bluebell Lane foul sewer (£2,295) (c) Sewage disposal works—erection of workshop, store and garage (£2,877)	Schemes approved for grant purposes in accordance with the County Council's scheme of financial assistance, subject to the rate of grant being considered as and when the comparative rate position of district makes this necessary.
Irlam U.D.C. ...	Main drainage scheme (£319,561 after deduction of expenditure attributable to overspill).	Scheme admitted for grant aid in accordance with the County Council's normal formula.
Leigh M.B.C. ...	Re-organisation of part of the sewerage system at Pennington to counteract the effect of past mining subsidence and to cater for residential development (£42,000)	Scheme approved, and agreed that as and when the financial position of the Corporation entitles the Corporation to grant aid the normal formula of the County Council shall then apply.
Prestwich M.B.C. ...	Reconstruction of sewage disposal and outfall works (£84,622)	Scheme approved, it being understood that the district council do not at present qualify for grant aid under the County Council's normal formula.
Ramsbottom U.D.C. ...	Sewerage of Longsight Road and Holcombe Brook areas (£20,000)	Scheme approved subject to the district Council being informed that the whole of the area included in the drainage scheme may not necessarily be included in the town map and that as and when the financial position of the urban district council entitles the council to grant aid the normal formula shall then apply.
Ramsbottom U.D.C. ...	Extension of sewage disposal works (£59,000)	Scheme approved, it being understood that the district council do not at present qualify for grant aid under the County Council's normal formula.
Rawtenstall M.B.C. ...	Conversion of private water supply—Ormerod Street (£40. 2. 9d.)	Scheme admitted for grant purposes in accordance with the County Council's formula.
Standish-with-Langtree U.D.C.	Main drainage scheme (£225,000)	Scheme approved in principle.
Tottington U.D.C. ...	Proposed sewer—Beryl Avenue (£6,530)	Scheme approved for grant purposes in accordance with the County Council's scheme of financial aid. The rate of grant which may become payable will be considered if and when the comparative rate position of the district council makes this necessary.
Tottington U.D.C. ...	Proposed sewer—Wellbank Street (£1,267)	Scheme approved for grant purposes in accordance with the County Council's scheme of financial aid. The rate of grant which may become payable will be considered if and when the comparative rate position of the district council makes this necessary.
Whitefield U.D.C. ...	Trunk sewer at Parr Brook (£73,031)	Scheme approved for the purposes of the County Council's scheme of financial assistance.
Whitefield U.D.C. ...	Additional length of main sewer within Whitefield to the Bury boundary (£37,019)	Scheme approved for the purposes of the County Council's scheme of financial assistance.
Whitefield U.D.C. ...	Tributary sewers in the Barnfield/ Windsor Avenue/ Thatch Leach Lane areas (£44,500)	Scheme approved for the purposes of the County Council's scheme of financial assistance.
Whitefield U.D.C. ...	Bury New Road trunk sewer (£34,731)	Scheme approved for the purposes of the County Council's scheme of financial assistance.

Authority	Nature of application and estimated cost	Action taken
Burnley R.D.C. ...	Sewerage and sewage disposal works (£44,310)	Schemes involved approved in principle subject to the later submission of the necessary plans and engineering details and agreed that the request for special consideration of the application for grant aid be deferred until council's schemes are completed when the matter would be considered in the light of the known commitments of that authority.
Fylde R.D.C. ...	Sewerage scheme — Hardhorn-with-Newton No. 2 (£29,002)	Scheme approved for grant purposes in accordance with the County Council's scheme of financial assistance subject to the rate of grant being considered as and when the comparative rate position of the district makes this necessary.
Fylde R.D.C. ...	Sewerage extension scheme — Parish of Newton-with-Clifton — New Heys Lane (£4,320)	Scheme approved, it being understood that the district council do not at present qualify for grant aid under the County Council's normal formula.

Closet Accommodation.—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1959 as compiled from the local health reports. The number of *houses* on the water carriage system was approximately 684,000.

Closet Accommodation at end of 1959.

	Urban districts	Rural districts	Administrative County
Privy middens	1,820	3,100	4,920
Privy closets	2,000	3,980	5,980
Pail closets	6,800	7,320	14,120
Fresh-water closets	639,300	90,600	729,900
Waste-water closets	45,100	2,700	47,800

A summary of the action taken in the County districts during 1959 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets	150	91	241
Privy closets to pail closets	24	49	73
Pail closets to fresh-water closets	627	270	897
Waste-water closets to fresh-water closets ...	3,667	74	3,741

In addition to the above improvements the eradication of trough closets was continued. During 1959 conversions to fresh-water closets approached 60, leaving some 350 trough closets still in existence at the end of the year.

Public Cleansing.—At the end of 1959 there were reported to be 750,000 movable dustbins in use in the Administrative County area, but there still remained more than 3,000 dry ashpits. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal but in a very few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specially designed for the purpose. Controlled tipping was the generally adopted means of disposing of household refuse, other methods reported being crude tipping into disused mineshafts and quarries or separation and incineration.

In 64 of the 109 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 37 districts they were supplied out of the rate fund, in two they were provided by the council on an annual rental and in the remaining six districts a combination of these means of renewal was in operation at the end of the year.

The arrangements for the emptying of pail closets almost invariably provided for a weekly collection by employees of the local authorities, although in parts of one or two districts this service was still provided under contract by local farmers. Attention to privy middens was given at periods varying between four weeks and three months or by request.

Sanitary Inspections.—The following table gives the numbers of premises visited and visits paid during 1959 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 45 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts	182,268	320,833	59,851	51,537	17,961	3,411
Rural districts	16,438	37,229	4,617	2,181	2,301	116
Administrative County ...	198,706	358,062	64,468	53,718	20,262	3,527

Prevention of Atmospheric Pollution.—Control over atmospheric pollution is effected mainly by County District Councils but, as Planning Authority under the Town and Country Planning Act, 1947, the County Council have certain powers. Owing largely to the substantial expenditure involved, however, these are normally limited in practice to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes. The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture.

The powers of the local sanitary authorities in this field are now considerably strengthened by the operation of the Clean Air Act, 1956. Whilst County district councils are responsible for enforcing its provisions it is the duty of the County Medical Officer of Health to keep himself informed of the position and the County Council have the right to make representations to the Minister of Housing and Local Government if a district council should be in default in carrying out its duties.

The provisions of the Act can be divided into two main groups, *viz.* (*a*) general regulatory powers (many of which do not normally apply to domestic buildings) and (*b*) powers to establish smoke control areas in which the emission of smoke from all chimneys (including domestic chimneys) can, broadly speaking, be entirely prohibited.

Smoke control areas are established by orders made by the authority and confirmed by the Minister. The effect of an order is, broadly speaking, to prohibit entirely the emission of smoke from all chimneys in the area, but the order can be adapted to local circumstances. Thus smoke control areas may be completely smokeless areas like the smokeless zones which some authorities have already established under local acts in which all buildings are controlled, or they may be areas, perhaps larger in extent, in which certain classes of buildings only are subject to control or in which certain buildings are exempt, so that the area as a whole may not be entirely smokeless. The Ministry initially pointed out that the establishment of smoke control areas would necessarily be gradual, progress being governed by the supply of smokeless fuels, the rate at which appliances can be converted or replaced and the rate at which local authorities are able to formulate and carry through their smoke control plans. During 1959, in fact, 18 orders involving a total of 9,697 houses and other buildings were submitted to the Ministry and seven of these, relating to 2,340 premises, had been confirmed by the end of the year, making a total confirmed up to that time of 10 orders involving 2,875 premises.

The establishment of a smoke control area will make it necessary for many owners or occupiers of dwelling houses to carry out adaptations to enable smokeless fuels to be used. The Act gives them the right to claim 70 per cent. of the cost in respect of buildings erected before 6th July, 1956, from the local authority who will receive a 40 per cent. government grant. The authority may, if they wish, refund to the owner or occupier the whole or part of the balance of the cost. Refunds of the cost of work carried out in advance of the confirmation of the order can only be made if the authority have served notice requiring the work to be done. There is also power to make grants towards adaptations necessary in churches, chapels, buildings used by charities, etc.

Authority was also given to district councils to make building byelaws requiring the provision in *new buildings* of such arrangements for heating or cooking as are calculated to prevent, so far as is practicable, the emission of smoke. By the end of 1959 such byelaws were operative in 60 of the 109 County districts.

Progress achieved is kept under review by a Clean Air Council, appointed under the Act by the Minister. The National Clean Air Society, of which the County Council is a member, is of course active in this matter. There are also the Manchester and District Regional Smoke Abatement Committee and the West Lancashire and Cheshire Smoke Abatement Committee which, between them, cover the whole of the County area and upon which the County Council are represented as are many County district councils, particularly those in the more densely populated areas. These committees are voluntary associations of local authorities established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation at local level between industrial managements and public health officials in the practical problems involved in the elimination of black smoke continued to be very good and in only one instance throughout the Administrative County area was it found necessary to resort to legal proceedings. The number of smoke observations made during the year was 3,093.

Movable Dwellings and Camping Sites.—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1959 was 290, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 144 in respect of sites and 857 in respect of individual movable dwellings. There were reported to be 2,991 caravans used for permanent occupation.

Swimming Baths and Pools.—Public swimming baths exist in 31 of the County districts and privately owned swimming baths or pools are used by the public, or specific groups thereof, in eight districts. In nearly all instances filtration and chlorination plants are installed. During the year 316 samples of the water were submitted to bacteriological examination and 996 to chemical analysis. Thirty-four of the former and four of the latter were found to be unsatisfactory.

Disinfestation.—Some degree of infestation of dwellings during 1959 was reported by the medical officers of health of all but 15 of the 109 County districts, but in the majority of districts only a few houses were involved. The 2,856 houses found to be infested included 843 council houses and exceeded the previous year's total by 349.

The most commonly used method of disinfestation was spraying with liquid insecticides, mainly based on D.D.T. Whilst almost the whole of this work was undertaken by the local authority staffs, contractors were usually employed where hydrogen cyanide gas was used in cases of heavy infestation, particularly during removal of furniture, bedding, etc., to fresh premises. A few authorities used steam treatment in appropriate cases.

In order to prevent infestation of council houses or re-infestation after cleansing, it is usual for most authorities to arrange for periodic inspections or visits by public health inspectors, housing managers or welfare officers, who give personal advice to the tenants.

Prevention of Damage by Pests Act, 1949.—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out ; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1959 there were 55 full-time rodent operatives employed by local authorities within the Administrative County area. A further 84 had been employed part-time during the year. Inspections totalling 122,087 were made of 103,815 properties and infestations were discovered to the following degree : major infestation by rats, 411; minor by rats, 11,360; major infestation by mice, 305 ; minor by mice, 5,724. In all, 23,359 treatments (including re-treatments) were carried out to 17,461 infested properties.

Regular inspection of likely places of infestation, particularly sewers and tips, was reported and routine treatment of sewers was normally carried out at half-yearly intervals.

Factories Act, 1937.—The following tables provide a summary of the action taken during 1959 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

PART I OF THE ACT

1.—Inspections for Purposes of Provisions as to Health

(including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written notices (4)	Number of Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities	1,689	2,043	42	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	8,625	5,995	230	—
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises)	586	653	42	—
Total	10,900	8,691	314	—

**i.e.*, Electrical Stations, Institutions and sites of Building Operations and Works of Engineering Construction.

2.—Cases in which Defects were Found

Particulars (1)	Number of cases in which defects were— Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	Number of cases in which prosecutions were instituted (6)
Want of cleanliness (S.1)	167	161	1	23	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	18	15	1	3	—
Ineffective drainage of floors (S.6)	10	10	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	85	74	—	26	—
(b) unsuitable or defective	363	321	3	87	—
(c) not separate for sexes...	11	12	1	5	—
Other offences against the Act (not including offences relating to Outwork)	70	61	2	14	—
Total	725	655	8	158	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Section 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	514	—	—	—	—	—
Lace, lace curtains and nets ...	2	—	—	—	—	—
Curtains and furniture hangings	1	—	—	—	—	—
Furniture and upholstery ...	6	—	—	—	—	—
Brass and brass articles ...	1	—	—	—	—	—
Iron and steel cables and chains	32	—	—	—	—	—
Nets, other than wire nets ...	75	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	130	—	—	—	—	—
Brush making	1	—	—	—	—	—
Pea picking	12	—	—	1	1	—
Stuffed toys	1	—	—	—	—	—
Basket making	13	1	—	—	—	—
Textile weaving...	21	—	—	—	—	—
Wash leathers, sewing	4	—	—	—	—	—
TOTAL	813	1	—	1	1	—

Rag Flock and Other Filling Materials Act, 1951.—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1959 there were reported to be 60 registered premises in the County area and the number of licensed premises was 17, of which four were used for the manufacture or manufacture and storage of rag flock and 13 for its storage only. Inspections of all premises during the year numbered 80. Seventeen samples of rag flock and other filling materials were submitted for examination and all were found to be satisfactory.

Premises and Occupations which can be Controlled by Byelaws and Regulations.—OFFENSIVE TRADES.—Offensive trades were carried on in 44 districts during 1959, the premises numbering 118. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers, but also included 33 fish fryers in four districts where this occupation is classed as an offensive trade. Regular inspections were reported to have been made of all premises.

COMMON LODGING HOUSES.—At the end of 1959 there were 16 common lodging houses on the registers of nine district councils in the Administrative County. With the exception of two reported to be poor, their condition was satisfactory.

CANAL BOATS.—Inspections of canal boats, seven in number, were reported in two districts—Ince-in-Makerfield U.D. and Stretford M.B. No infringements of legislation were noted.

Inspection of County Districts.—During 1959 the work of carrying out surveys of the housing, sanitary circumstances, etc., of districts in the Administrative County area was continued and reports, which incorporated recommendations for improvements, on three districts—Preston Rural District, Whiston Rural District and Walton-le-Dale Urban District, were considered by the Public Health and Housing Committee during the year.

Copies of these reports were then forwarded to the district councils concerned for consideration and any necessary action.

HOUSING

During the year under report 12,052 houses and 1,588 flats were erected, a net decrease of 224 new housing units as compared with the preceding year. Whilst new houses increased in number by 303, flats declined by 527. Local authorities were responsible for the building of 2,973 houses and 1,481 flats, so that there was a further decline in the proportionate contribution made by them to the total provision of new housing. Between 1953 and 1958 this ratio had fallen from 77 per cent. to 45 per cent., and in 1959 it amounted to only 33 per cent. Particulars of the dwellings completed during the year in each sanitary district are shown in Table 27, pages 199 to 204.

Housing conditions generally may be said to be satisfactory and, with the maintenance of a high level of new building, the steady if unspectacular progress of demolition of unfit dwellings and the incentives provided by legislation of recent years for the repair and improvement of sub-standard property, are continuing to improve steadily year by year. On the debit side reports from local medical officers of health suggest that there were still upwards of 20,000 houses awaiting demolition at the end of the year. The numbers of back-to-earth and back-to-back houses still remaining in the Administrative County area were in the region of 1,200 and 7,000 respectively, and there were some 1,500 other houses without through ventilation. Local reports, many of them based on estimates only, also indicate that there were approximately 3,000 houses without an adequate internal water supply and over 9,000 without separate water closet or other adequate sanitary accommodation.

Table 27, pages 199 to 204, compiled from information supplied by local medical officers of health, gives some indication of the housing activities during the year in each district of the County, together with steps taken regarding property found to be unfit or not to be in all respects reasonably fit for human habitation. In all, 47,596 houses were inspected under the Public Health or Housing Acts for housing defects, 104,447 inspections being made for the purpose. As a result 5,117 were considered to be unfit for human habitation and a further 17,100 were found to be not in all respects reasonably fit. In consequence of action taken by the local authorities or their officers, 17,388 houses were rendered fit during the year. Of these, 14,778 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 2,393 cases by the owners and in 129 cases by the local authorities in default of the owners. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 70 houses and on 17 the work was carried out by the local authorities in default of the owners. One additional house, subject to a demolition order, was so reconstructed, enlarged or improved as to secure the revocation of the order under section 24 of the Act.

Demolition carried out during 1959 accounted for 3,024 houses, of which 2,006 were in clearance areas, and displaced 4,090 persons. The 2,006 in clearance areas related to 1,849 found unfit for human habitation, 36 included by reason of bad arrangement, etc., and 121 which were on land acquired under section 43 (2) of the Housing Act, 1957. Of the 1,018 demolished houses not in clearance areas 819 were the result of formal or informal procedure under section 17 (1) of the Act of 1957, 198 were local authority owned houses certified unfit by the medical officer of health, and one resulted from action taken under a local Act.

Closures were applied to 347 houses under sections 16 (4), 17 (1) and 35 (1) of the Housing Act, 1957, to 11 houses under sections 17 (3) and 26 and in seven cases to parts of buildings under section 18. The total number of persons displaced by closures was 853.

At the end of 1959 there were reported to be 11 houses, subject to existing demolition or clearance orders, which were licensed for temporary occupation under sections 34 or 53 of the Act of 1957 and 11 which had been retained for temporary accommodation, five under section 48 and six under section 17 (2).

Improvement Grants.—With effect from the 23rd October, 1958, the Housing (Financial Provisions) Act, 1958, repealed and consolidated, *inter alia*, certain provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, whereby a local authority may, subject to specified conditions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

Whilst much valuable improvement work has been carried out during the past few years, the pace is considered by the Minister of Housing and Local Government to have been too slow. Unless the work of modernisation is pressed ahead urgently, a great deal of property with a useful life ahead of it will degenerate into slums to be cleared at public expense. With the operation of the House Purchase and Housing Act, 1959, on the 14th June, 1959, therefore, a number of changes were made in the system of improvement grants in order to simplify its operation and render the grants more attractive to owners and at the same time a new system of standard grants (see below) was introduced to supplement the present system.

Improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1959 numbered 1,514, involving 1,627 dwellings or other buildings. Of schemes submitted by local authorities to the Minister 82, involving 141 properties, were approved during the year. These included 73 schemes of private bodies or individuals relating to 74 dwellings or other buildings. Schemes actually completed during 1959 numbered 1,213 (1,294 properties) of which 9 (66 properties) were local authority schemes.

Standard Grants.—As from the 14th June, 1959, the House Purchase and Housing Act, 1959, set up a new system of standard grants to supplement the existing system of improvement grants (see above) paid at the discretion of the local authority. The distinctive features of the new system are that these grants are payable only in respect of the provision of specific standard amenities and on the expenditure actually incurred for this purpose and that, provided certain conditions are satisfied, the owner of the property can claim the grant as of right. The new system has been designed to produce as simple a procedure as possible and enable owners generally to form a reasonably accurate idea of the assistance they can hope to receive before any expense is incurred. It is designed to deal in the main with relatively straightforward cases in which the improvements involve little or no structural alteration, leaving the present system of discretionary grants to deal with the more elaborate proposals.

There are five standard amenities eligible for standard grant—(a) a fixed bath or shower in a bathroom, (b) a wash-hand basin, (c) a hot water supply, (d) a water closet in or contiguous to the dwelling, (e) satisfactory facilities for storing food. These amenities must be for the exclusive use of the occupants of the particular dwelling which, after improvement, must be equipped with all five standard amenities. Grant is not payable towards the cost of providing a second water closet or other amenity if there is already one in the house. If a hot water supply is provided it must be connected to a sink as well as to the bath or shower and wash-hand basin.

During the period of rather less than six months during which standard grants were available in 1959, 2,874 applications were made to local authorities within the Administrative County area and of these 2,624 had been approved. By the end of the year work had been completed in 622 of the approved schemes.

Financial Assistance to Local Authorities.—Provision was made by the Housing Act, 1936, for County Councils to make annual contributions to rural district councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers. This provision was extended by the Housing (Financial Provisions) Act, 1938, to apply similarly to urban district and non-County borough councils in respect of houses provided by them for members of the agricultural population and, subject to certain conditions, to housing accommodation provided by the local authority for the working classes in any County district.

Later, the Housing (Financial and Miscellaneous Provisions) Act, 1946, provided that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25 10s. as against the "general standard" amount of £16 10s., the payment of annual contributions by County Councils to County district councils shall be at the rate of £1 10s. per house for 60 years from the date of completion in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939. Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provided, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35 14s. and £26 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2 10s. by the County Council to County district councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

In 1954 the Minister of Housing and Local Government reviewed the contributions payable under section 16 of the Housing (Financial and Miscellaneous Provisions) Act, 1946 (as amended by the Housing Act, 1952), and reduced the exchequer contribution for houses completed after the 1st April, 1955, to £31 1s. and £22 1s. for the "special standard" and "general standard" subsidies respectively. The County Council's contribution of £2 10s. in cases where the special standard subsidy is payable by the exchequer remained unaffected.

During 1958 the Housing (Financial Provisions) Act, 1958, received the Royal Assent and became operative as from the 23rd October, 1958. Its effect was to repeal all the foregoing legislation insofar as contributions to District Councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses. At the same time, by section 23, it provides for the payment to District Councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total annual contributions (including arrears) paid by the County Council to district councils under the above Acts during the financial year ended the 31st March, 1960, amounted to £2,862 10s. No houses ranking for grant were notified as having been completed during the year ended 31st March, 1960.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—During 1959 the County Council, as Food and Drugs Authority, continued to be responsible for the inspection and licensing of heat treatment plants and premises within their area, and milk sampling and testing generally. They were also concerned with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies or plant licensed by the County Council, and with the supervision of milk supplies in connection with the Milk in Schools Scheme. These Regulations, which came into operation on the 8th March, 1959, re-enacted, with amendments, the Milk and Dairies Regulations, 1949–1954.

The enforcement of those provisions of the Food and Drugs Act, 1955, for which the County Council are the responsible authority was continued, these provisions embracing functions relating to the prohibition of the sale of milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk (excepting raw milk). Food and Drugs Authorities are required to enforce provisions concerning the prohibition of the description "cream" in relation to any substance which resembles but which is not "cream" as defined. In the Act of 1955 "cream" is defined as "that part of milk rich in fat which has been separated by skimming or otherwise".

The Milk (Special Designations) (Specified Areas) Orders.—Orders made annually from 1952 to 1958 and the Order of 1959 (which became operative on the 6th April, 1959)—all made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health under section 41 of the Food and Drugs Act, 1955—together include in "specified areas", where only milk of a special designation may be sold by retail for human consumption, all the 109 districts which form the Administrative County area with the exception of Carnforth U.D., Lancaster M.B., Morecambe and Heysham M.B., Lancaster R.D. and Lunesdale R.D.

The County Council continued to be responsible for the enforcement of the provisions of the Food and Drugs Act in 90 of the specified districts, the remaining 14 being autonomous for Food and Drugs administration. During the year 1,486 samples of designated milk (629 pasteurised, 161 sterilised, and 696 tuberculin tested) were obtained by the County Council's sampling officers from retailers in the 90 districts concerned and submitted to the prescribed tests.

Seven of the samples of pasteurised milk failed the phosphatase test and appropriate action was taken to ensure adequate heat treatment of the milk in the future. Whilst none of the samples of pasteurised milk failed the methylene blue test, in 34 instances the test was declared void as the atmospheric shade temperature in the laboratory at the time of the test exceeded 65° F.

The samples of tuberculin tested milk were examined for the presence of tubercle bacilli and all were reported to be satisfactory.

Other Areas.—During the course of the year 46 samples of milk were obtained in areas of the County which were not "specified". Of these 15 were of heat treated milk and the remaining 31 were of tuberculin tested or raw (undesignated) milk. All were reported to be satisfactory when submitted to the appropriate examination.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.—During 1959 the County Council granted 19 dealer's (pasteuriser's) and two dealer's (steriliser's) licences in respect of premises and plant for the heat-treatment of milk in their area. Four hundred and forty-eight samples were obtained from these plants during the year and submitted to the prescribed tests. Five samples of pasteurised milk failed the phosphatase test and immediate investigations were carried out at the plants concerned. In each case subsequent samples proved to be satisfactorily heat-treated.

In the 16 County districts autonomous for Food and Drugs purposes the local authorities granted eight dealer's (pasteuriser's) and one dealer's (steriliser's) licences in respect of premises and plant used for the heat-treatment of milk.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 2,861 and of sterilised milk 5,453.

The Milk (Special Designation) (Raw Milk) Regulations, 1949–54.—The number of dealer's licences, including supplementary licences, issued under these regulations during 1959 by all local authorities within the Administrative County area was 1,888 in respect of "Tuberculin Tested" milk.

The Milk and Dairies (General) Regulations, 1959.—According to reports of local medical officers of health regarding the registration of milk distributors, during 1959 there were registered 601 operating from dairies within the respective districts, and 5,021 from shops (other than dairies) in the districts.

Provision of Milk to Schools, Day Nurseries and Hostels for the Aged.—Of the 1,486 samples obtained in the specified areas (see above) 435 were of milk as supplied to schools, day nurseries and hostels, as were 35 of the 46 samples obtained in the "other areas".

The County Council's policy for some time has been to endeavour to arrange for heat-treated milk to be provided at all schools in the County area, particularly in view of the possibility of brucella infections occurring in raw milk. Where it is impossible to obtain a supply of heat-treated milk for any school in the more remote areas of the County, steps have been taken wherever possible to arrange for Tuberculin Tested milk to be supplied. In one school only, at the end of the year, raw (undesignated) milk was still being provided.

Sampling by Local Authorities.—The numbers of milk samples reported to have been taken during 1959 by officers of the local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests and the corresponding figures for the previous year :—

	1958		1959	
	No. of samples	No. unsatisfactory	No. of samples	No. unsatisfactory
Heat-treated milk—				
Tuberculosis—biological test	92	Nil	126	Nil
" *Pasteurised* "—				
Phosphatase test	1,636	1	1,549	4
Methylene blue reduction test	1,580	30	1,498	30
" *Sterilised* "—				
Turbidity test	376	Nil	347	Nil
Raw Milk—				
Tuberculosis—biological test	1,491	12(positive)	1,433	Nil
Methylene blue reduction test	1,422	209	1,276	188
Bacteriological (B. coli) examination	580	47	418	51

A noteworthy feature of the year under report was that, for the first time on record, not one of the samples of milk taken within the Administrative County by either County or local officers gave a positive result when submitted to the biological test for tuberculosis.

Meat and Other Foods.—Regular supervision and inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses was reported to have been maintained in all districts throughout the year. The classification of such establishments into clearly defined categories for the whole of the Administrative County is dependent upon individual classifications carried out in each of the 109 districts, but as nearly as can be ascertained there were approximately 7,500 general grocers and provision dealers at the end of 1959, some 1,800 greengrocers and fruiterers (including those selling wet fish, game, etc.), 320 fishmongers (including those selling poultry and game), 2,200 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 2,200 bakers and/or confectioners, 1,420 fried fish and chip shops, 2,450 shops selling mainly sugar confectionery, minerals, ice-cream, etc., and nearly 10,500 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments. A further 1,800 food premises were reported which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 9,364 and 12,265 inspections of such premises were made during the year.

Substantial progress during 1959 in bringing all types of food premises up to the standard required by the Food Hygiene Regulations is apparent from the reports of local medical officers of health. Co-operation between officials and proprietors of such premises continued to be good. Whilst redecoration and the provision of adequate washing facilities and means of covering exposed food were the types of improvement mainly needed, numerous examples are quoted of voluntary action by proprietors beyond the requirements of the Regulations. In particular, reference is made in several instances to the rapidly increasing popularity of refrigerated counters and similar units of desirable but expensive equipment.

At the end of 1959 byelaws relating to the handling of food intended for sale were in operation in all but nine of the 109 County districts and their enforcement in conjunction with the Food Hygiene Regulations rarely called for action beyond the informality of personal advice and guidance which the inspectorial staffs of local authorities mainly rely upon. Prosecution was found necessary, however, in 33 instances in 10 districts.

Licensed private slaughter-houses and public abattoirs in operation at the end of the year numbered 148 and eight respectively. Four private slaughter-houses were licensed for the slaughter of horses. It is the general practice to carry out complete post-mortem examinations at all such establishments but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative area during 1959, together with the numbers and results of inspections carried out.

Carcases Inspected and Condemned, 1959.

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	79,825	1,211	402,672	274,180	19
Number inspected	79,817	1,211	401,714	274,189	15
All diseases except tuberculosis and cysticerci:					
Whole carcases condemned	192	75	432	487	—
Carcases of which some part or organ was condemned	29,843	27	19,364	24,622	2
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	37·6	8·4	4·9	9·2	13·3
Tuberculosis only:					
Whole carcases condemned	102	2	—	189	—
Carcases of which some part or organ was condemned	5,099	2	2	6,751	—
Percentage of the number inspected affected with tuberculosis	6·5	0·3	0·0	2·5	—
Cysticercosis:					
Carcases of which some part or organ was condemned	258	—	—	—	—
Carcases submitted to treatment by refrigeration	162	—	—	—	—
Generalised and totally condemned ...	2	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959.—These regulations consolidate and amend the Ice-Cream (Heat Treatment, etc.) Regulations, 1947-52. Details of their provisions are given later in this section of the report in the extract from the annual report of the County Analyst. During 1959 routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was reported to have been undertaken in the majority of County districts. The standards of production and storage required by the regulations were maintained and no instances were reported of any necessity for legal or other formal action.

FOOD POISONING.—During 1959 there were 484 cases of food poisoning notified and a further 239 were reported by local medical officers of health to have been ascertained during investigations, making a total of 723 in the Administrative County area. These were 70 fewer than the corresponding total for the previous year and 78 fewer than the annual average for the preceding five years, 1954-58. Two deaths were reported to have been associated with the cases arising in 1959.

Defining an outbreak in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source, there were 54 outbreaks involving 513 cases, the remaining 210 being apparently isolated and unrelated. Twelve of the outbreaks occurred in one district (Kirkby U.D.) and involved 28 cases—eight of two cases each and four of three cases each—neither the responsible organism nor the food concerned being established in any instance. Brief particulars of the remaining 42 outbreaks, including such information as is available on the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement :—

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Chorley M.B. ...	1	—	Cl. welchii	Steak and kidney pie ...	Works canteen.
Leyland U.D. ...	5	—			
Standish-with-Langtree U.D. ...	1	—			
Walton-le-Dale U.D.	5	—			
TOTAL ...	†12	—			

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Bacup M.B. ...	20	—	Cl. welchii	Chicken	Church Hall (wedding reception)
Rawtenstall M.B.	56	—			
TOTAL ...	76	—			
Abram U.D. ...	3	—	S. typhi-murium	Not ascertained	Home
Ashton-under-Lyne M.B. ...	2	—	S. thompson	Not ascertainod	Not ascertained.
Audenshaw U.D.	6	—	Cl. welchii	Not ascertained	Factory canteen.
Chadderton U.D. ...	2	—	S. typhi-murium	Not ascertained	Not ascertained.
	2	—	S. newport		
	4	—	Cl. welchii	Roast pork	Home.
Chorley M.B. ...	2	—	S. heidelberg	Boiled ham	Holiday resort.
Crosby M.B. ...	2	—	S. typhi-murium	Not ascertained	Not ascertained.
	2	—	Not ascertained		
Darwen M.B. ...	2	—	S. typhi-murium	Not ascertained	Not ascertained.
Fleetwood M.B. ...	2	—	S. typhi-murium	Not ascertained	Not ascertained.
	2	—			
	3	—	S. heidelberg		
Golborne U.D. ...	18	—	Cl. welchii	Chicken stock	Hotel.
Heywood M.B. ...	19	—	Cl. welchii	Not ascertained	School canteen.
	4	—	S. thompson	Not ascertained	Home
Kirkby U.D. ...	6	—	Cl. welchii	Cooked meat	Works canteen.
Lytham St. Annes M.B. ...	3	—	S. heidelberg	Not ascertained	Not ascertained.
Middleton M.B. ...	4	—	S. typhi-murium	Not ascertained	Home.
	6	—	S. potsdam		
	2	—	S. heidelberg	Meat pie	Holiday resort.
Mossley M.B. ...	3	—	Not ascertained	Not ascertained	Home.
Newton-le-Willows U.D. ...	105	—	Not ascertained	Reheated meat (suspected)	Works canteen.
Oswaldtwistle U.D.	16	—	Staphylococcus aureus ...	Canned peas (suspected) ...	Hotel.
Prestwich M.B. ...	2	—	S. typhi-murium	Not ascertained	Not ascertained.
Radcliffe M.B. ...	3	—	S. heidelberg	Meat products	Holiday resort.
Rawtenstall M.B.	3	—	Cl. welchii	Barbecued chicken ...	Home.
Standish-with-Langtree U.D. ...	11	—	Cl. welchii	Roast lamb	Works canteen.
Stretford M.B. ...	6	—	Cl. welchii	Leg of lamb	Bakery canteen.
	15	—	Cl. welchii	Pork	Pork factory canteen.
	18	—	Cl. welchii	Boned leg of mutton ...	Bakery canteen.
Swinton and Pendlebury M.B.	10	—	Cl. welchii	Not ascertained	Factory canteen.
Tyldesley U.D. ...	4	—	Staphylococci and Cl. welchii	Not ascertained	Not ascertained.
Westhoughton U.D.	14	—	Cl. welchii	Not ascertained	Factory canteen.
Widnes M.B. ...	5	—	S. typhi-murium	Not ascertained	Home.
Chorley R.D. ...	8	—	Cl. welchii	Meat	Canteen.
Fylde R.D. ...	41	—	Cl. welchii	Gravy (suspected)	Factory canteen.
Preston R.D. ...	6	—	S. idikan	Boiled ham (suspected)	Home.
Whiston R.D. ...	26	—	S. morgani	Not ascertained	Hospital.
Wigan R.D. ...	‡ 3	—	S. typhi-murium	Not ascertained	Not ascertained.
	2	—	S. stanley		

* Including non-notified cases ascertained during investigations. † In addition there were five cases amongst residents of Preston C.B.
‡ See text below.

The five cases shown above as having occurred in Wigan R.D. were notified as cases of food poisoning and the organisms involved were identified by laboratory examination of faecal specimens, but no food vehicle of infection could be established. They were investigated as part of an outbreak of gastro-enteritis in the Shevington area of the district involving an additional 34 children and adults. During the course of the investigation more than 90 specimens were submitted for bacteriological examination from bakeries, butchers' shops, fish shops, general food stores, mobile shops, a slaughterhouse, outfall sewers, watercourses and a nearby glue works, but in all cases the laboratory reports revealed that there were no organisms of the typhoid or salmonella groups present.

Of the 210 isolated cases which occurred in 1959 throughout the Administrative County area the responsible organisms in 42 were of the salmonella group, including 25 of s. typhi-murium, four of s. thompson, three of s. heidelberg, two of s. blockley and one each of s. bareilly, s. bovis-morbificans, s. derby, s. enteritidis, s. ibadan, s. london and s. potsdam. Two further cases were due to clostridium welchii, one to staphylococcus aureus and one to B. coli. In the remaining 164 cases the responsible agents or organisms were not identified. The two deaths from food poisoning recorded during the year occurred amongst the above isolated cases, one infected by s. typhi-murium (a male, aged 62 years) and one by cl. welchii (a male, aged 38 years).

Food and Drugs.—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C. :—

Several new statutory regulations which affect the work of the Public Analyst were made during the year under review, the more important of which are as follows :—

The Milk and Dairies (General) Regulations, 1959.
The Labelling of Food (Amendment) Regulations, 1959.
The Food Standards (Ice-Cream) Regulations, 1959.
The Milk (Special Designations) (Specified Areas) Order, 1959.
The Arsenic in Food Regulations, 1959.
The Ice-Cream (Heat Treatment, etc.) Regulations, 1959.
The Condensed Milk Regulations, 1959.
The Fluorine in Food Regulations, 1959.

In addition to the new regulations, three reports of the Food Standards Committee were published by the Ministry of Agriculture, Fisheries and Food during the year. These were concerned with soft drinks, milk bread and preservatives in food respectively.

Food and Drugs Samples.—The number of food and drugs samples (excluding appeal-to-cow samples) submitted by the County Sanitary Officers during the year 1959 was 8,256 as against 8,225 during the previous year and 8,239 in the year 1957. The rate of samples per 1,000 of the population was 5·76 in the year under review, 5·81 in 1958 and 5·88 in 1957.

Total Adulteration.—During the year under review, 8,256 samples of food and drugs were submitted for examination under the Food and Drugs Act, 1955, and of these 373 were reported upon adversely ; the total adulteration was, therefore, 4·5 per cent. This represents a decrease compared with the percentage of adulteration for the previous year when the figure was 4·9 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure is 4·1 which was reached during the year 1956 and that the average figure is 4·6. In general the adulteration during and subsequent to the war was considerably greater than that found in preceding years. While the figure for the year under review cannot be regarded as unsatisfactory when compared with those for the last 10 years, it is, however, higher than the adulteration rate for the 10 years, 1929-1938, which preceded the war when the percentage adulteration varied from 2·6 to 4·2.

Percentage of Adulteration of County Samples of Food and Drugs, 1950-59.

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1950	8,104	363	4·5
1951	8,501	412	4·8
1952	8,622	404	4·7
1953	8,635	386	4·5
1954	8,089	417	5·1
1955	8,373	413	4·9
1956	8,215	340	4·1
1957	8,239	349	4·2
1958	8,225	405	4·9
1959	8,256	373	4·5
1950—1959	83,259	3,862	4·6

Analysis.—The table below gives the percentage of adulteration over the last ten years together with the various types of samples and with the number of samples taken per 100,000 of the population. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during the year 1947 (*i.e.* 6,819 and 505 respectively) and the figures for the last 10 years are much higher than the corresponding figures for any of the previous years in the history of the County Laboratory.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Percentage of adulteration ...	4·5	4·8	4·7	4·5	5·1	4·9	4·1	4·2	4·9	4·5
Total samples ...	8,104	8,501	8,622	8,635	8,089	8,373	8,215	8,239	8,225	8,256
Formal samples ...	2,798	2,751	2,654	3,220	2,817	3,300	3,474	3,331	3,337	3,321
Informal samples	4,858	5,184	5,313	4,761	4,844	4,744	4,404	4,589	4,568	4,627
Private samples ...	448	566	655	654	428	329	337	319	320	308
Number of samples per 100,000 of the population ...	566	589	599	598	593	613	594	588	581	576

Milk.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 5,294 and, of these, 198 were reported against ; the amount of adulteration was, therefore, 3·7 per cent. This figure, as will be seen from the following table, is lower than the average for the last 10 years, and, together with that for the year 1956, is the second lowest shown in the table.

Percentage of Adulteration of Milk Samples, 1950-59

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1950	5,324	285	5·3
1951	5,811	291	5·0
1952	5,804	298	5·1
1953	5,872	281	4·8
1954	5,115	287	5·6
1955	5,637	273	4·8
1956	5,497	203	3·7
1957	5,411	190	3·5
1958	5,385	231	4·3
1959	5,294	198	3·7
Totals	55,150	2,537	4·6

Average Composition.—Genuine milk has not always the same composition. There are natural variations in the amounts both of fat and solids-not-fat in milk as drawn from the cow, and it therefore becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1959 in the following table, where it will be seen that the average figure for fat is 3·62 per cent., for solids-not-fat 8·62 per cent., and for total solids 12·24 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk (other than Channel Islands milk) received ; that is to say, there are included all adulterated samples and, further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

Average Composition of Milk, 1959

Month	No. of samples*		Fat per cent.		Solids-not-fat per cent.		Total solids per cent.	
January	407	1,163	3·63	3·58	8·48	8·53	12·11	12·11
February	423		3·56		8·55		12·11	
March	333		3·53		8·57		12·10	
April	446	1,228	3·59	3·50	8·59	8·64	12·18	12·14
May	395		3·45		8·67		12·12	
June	387		3·44		8·68		12·12	
July	551	1,405	3·54	3·59	8·62	8·63	12·16	12·22
August	463		3·57		8·63		12·20	
September	391		3·66		8·65		12·31	
October	546	1,508	3·84	3·80	8·68	8·66	12·52	12·46
November	583		3·84		8·67		12·51	
December	379		3·70		8·62		12·32	
Whole year	5,304		3·62		8·62		12·24	

*Includes Appeal-to-Cow samples, but excludes Channel Islands milk and eight samples examined for foreign matter only.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that June has the lowest figure, 3·44 per cent., and October and November the highest, 3·84 per cent. In respect of solids-not-fat, the lowest figure was obtained in January, 8·48 per cent., and the highest in June and October, 8·68 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the winter.

In the following table the average composition of all the milk samples examined is set out for the period 1910-59. It will be seen that the average figure for fat does not vary greatly from year to year, although the figure for the year under review is the lowest of any shown in the table. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8·55 per cent. being recorded in the year 1943. The average for solids-not-fat for the year under review was 8·62 per cent. In addition to other possible causes for this decrease it should be remembered that seven of the 19 years during which the average solids-not-fat have been lower than formerly were years which showed a high rate of adulteration. Since the year 1943 there has been, in general, a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

Average Composition of Milk Samples, 1910-59

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910–30	56,028	3·67	8·90	12·57
1931	3,090	3·84	8·81	12·65
1932	3,205	3·77	8·85	12·62
1933	3,060	3·76	8·82	12·58
1934	3,310	3·74	8·81	12·55
1935	3,422	3·75	8·84	12·59
1936	3,098	3·73	8·88	12·61
1937	3,278	3·74	8·84	12·58
1938	3,398	3·70	8·78	12·48
1939	3,128	3·67	8·78	12·45
1940	2,144	3·70	8·79	12·49
1941	1,866	3·70	8·64	12·34
1942	1,516	3·75	8·66	12·41
1943	1,489	3·70	8·55	12·25
1944	1,197	3·69	8·57	12·26
1945	1,096	3·72	8·57	12·29
1946	2,776	3·75	8·58	12·33
1947	4,625	3·75	8·63	12·38
1948	4,523	3·67	8·64	12·31
1949	5,210	3·66	8·65	12·31
1950	5,362	3·68	8·67	12·35
1951	5,839	3·67	8·65	12·32
1952	5,844	3·67	8·68	12·35
1953	5,922	3·68	8·68	12·36
1954	5,182	3·71	8·65	12·36
1955	5,686	3·68	8·66	12·34
1956	5,524	3·71	8·59	12·30
1957	5,485	3·68	8·63	12·31
1958	5,439	3·68	8·63	12·31
1959	5,304	3·62	8·62	12·24
1910–59	*167,046	3·71	8·81	12·52

* Excludes Channel Islands milk and 12 samples examined for foreign matter only.

Articles other than Milk.—*Adulteration.*—During the year under review, 2,962 samples other than milk were examined on behalf of the County Council. Of these, 175 were reported against, corresponding to an adulteration rate of 5·9 per cent., which is lower than the figure recorded in 1958, *viz.*, 6·1 per cent. The percentage of adulteration in articles other than milk was much higher than that for milk, *viz.*, 3·7 per cent. The commodities which had a relatively high proportion of unsatisfactory samples and, therefore, contributed especially to the overall adulteration rate included flour, sausages, samples containing extraneous matter, and samples whose labels did not conform to the requirements of the Labelling of Food Order.

Prosecutions.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine ; in other instances dairies are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 373 County food and drugs samples were reported on adversely and in respect of 17 of these prosecutions were instituted—11 in respect of milk samples, three in respect of Channel Islands milk, and three in respect of samples containing extraneous matter. There were 17 convictions or orders to pay costs. The total fines and costs during the year amounted to £279 13s. 0d.

Ice-Cream.—Until November, 1948, there was no control in this country on the composition of ice-cream. In that month, however, the Ministry of Food decided to allocate additional supplies of sugar, and in some cases fats, to those manufacturers who undertook to include at least 2·5 per cent. fat in their ice-cream. In March, 1951, the first statutory standard for ice-cream was made and, except for a short period between July, 1952, and June, 1953, when a slightly reduced standard was temporarily introduced, the minimum standard then laid down was in operation until April, 1959. This standard required ice-cream to contain not less than 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat. There were special standards for ice-cream containing fruit and for " Parev " (kosher) ice. The required sugar content of ice-cream could be made up of certain other sugars in addition to sucrose but no ice-cream was permitted to contain less than 7½ per cent. sucrose.

When the above standard was first introduced in the year 1951 the Food Standards Committee of the Ministry of Food stated that it was not an ideal standard and that it should be amended and improved as supplies of ingredients became more plentiful. It was not surprising, therefore, that a Food Standards Committee report on the ice-cream standard was published in December, 1957, and that this should be followed by the making of the Food Standards (Ice-Cream) Regulations, 1959, which came into operation on the 27th April, 1959. The new standard incorporated in these regulations is as follows and applies whether or not the ice-cream forms part of a composite article of food :—

" (*a*) Ice-cream shall contain not less than 5 per cent. fat and 7½ per cent. milk solids other than fat so, however, that where ice-cream contains any fruit, fruit pulp or fruit purée it shall either conform to the above standard or, alternatively, the total content of fat and milk solids other than fat shall not be less than 12½ per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat and milk solids other than fat shall include not less than 7½ per cent. fat and 2 per cent. milk solids other than fat.

Provided that as respects any ice-cream sold, or offered or exposed for sale under any of the descriptions hereinafter specified, or under any such other description as is calculated to lead an intending purchaser to believe that he is purchasing ice-cream of any such description as is so specified, the standard of composition shall be as follows :—

(i) Dairy ice-cream, dairy cream ice or cream ice shall in each case contain not less than 5 per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 7½ per cent. milk solids other than fat. so, however, that where any dairy ice-cream, dairy cream ice or cream ice contains any fruit, fruit pulp or fruit purée it shall either conform to the standard of composition for that ice-cream or, alternatively, the total content of milk fat and milk solids than fat shall be not less than 12½ per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of milk fat and milk solids other than fat shall include not less than 7½ per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 2 per cent. milk solids other than fat.

(ii) Milk ice or milk ice containing any fruit, fruit pulp or fruit purée shall contain not less than 2½ per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 7 per cent. milk solids other than fat.

(iii) " Parev " (kosher) ice shall contain not less than 10 per cent. fat and no milk fat or other derivative of milk.

(*b*) No ice-cream of any description shall contain any artificial sweetener.

In this context—

(i) " artificial sweetener " means any chemical compound which is sweet to the taste, and the expression includes polyhydric alcohols but does not include sugar or any other carbohydrate;

(ii) each reference to any proportion or percentage means that proportion or percentage by weight."

It will be noted that there is now no minimum standard for sugar content but there is a specific prohibition on the use of artificial sweeteners. The most important change is, however, the introduction of the special standards for dairy ice-cream, dairy cream ice, cream ice and milk ice which are all now required to contain specified minimum amounts of milk fat, the use of other types of fat not being permitted in these varieties of ice-cream.

On the same day that this standard came into operation an amendment to the Labelling of Food Order also came into force and this introduced requirements as to the labelling of ice-cream. It is now illegal to label or advertise ice-cream by means of words or pictorial devices suggestive of butter, cream, milk or anything connected with the dairy interest unless the ice-cream contains no fat other than milk fat. The label or advertisement may, however, bear a statement to the effect that the ice-cream contains skimmed milk solids. It is now also an offence to sell under the description "ice-cream" any prepacked ice-cream which contains fat other than milk fat unless the wrapper also bears in letters of a specified height either the declaration "contains non-milk fat" or, if appropriate, the declaration "contains vegetable fat". The above requirements also apply to ice-cream which forms part of a composite article of food.

A third regulation concerning both ice-cream and certain types of ice lollies also came into operation on the 27th April, 1959, i.e., the Ice-cream (Heat Treatment, etc.) Regulations, 1959. These regulations consolidate and amend the Ice-Cream (Heat Treatment) Regulations 1947 to 1952. The new regulations require the ingredients of ice-cream after mixing to be either pasteurised or sterilised by one or other of the following methods:—

Pasteurisation

"Method I. The mixture shall be raised to and kept at a temperature of not less than 150° Fahrenheit for at least 30 minutes.

Method II. The mixture shall be raised to and kept at a temperature of not less than 160° Fahrenheit for at least 10 minutes.

Method III. The mixture shall be raised to and kept at a temperature of not less than 175° Fahrenheit for at least 15 seconds.

Sterilisation

The mixture shall be raised to and kept at a temperature of not less than 300° Fahrenheit for at least 2 seconds."

Before heat treatment the mixture shall not be kept for more than one hour at any temperature which exceeds 45° F. and after heat-treatment it shall be cooled to not more than 45° F. within 1½ hours and kept at this temperature until the freezing process is carried out. After freezing the ice-cream shall be kept at a temperature not exceeding 28° F; if its temperature does exceed this figure it must again be heat-treated before being re-frozen.

The above requirements as to pasteurisation or sterilisation do not apply to the use of a complete cold mix reconstituted with drinking water if the mixture is made into ice-cream within one hour of reconstitution. The requirements also do not apply to any mixture (whether containing milk solids or not) used, either alone or with other mixtures, in the manufacture of water ice or similar products if the mixture has a pH value of 4·5 or less. It is considered that such products are sufficiently acid to prevent the growth of harmful bacteria without heat-treatment.

It will be noted from the following table that the average fat content of ice-cream during the year under review is 8·9 per cent. and is the same figure as that recorded for the previous year so that the general improvement in the fat content of ice-cream found over the last 11 years is still maintained. A perusal of the table shows that the average fat content in 1946 was only 2·3 per cent. whereas for 1958 and 1959 it was 8·9 per cent. Furthermore, the lowest fat content found during 1959 was 4·6 per cent., whereas in the four years 1946 to 1949 fats as low as 0·3 and even 0·1 per cent. were found.

During the year 1959, 104 samples of ice-cream (excluding samples of dairy ice-cream and milk ice) were submitted for chemical analysis, 52 by County Sanitary Officers and 52 by autonomous Food and Drugs Authorities. Of these, four samples (two County) were reported upon adversely, three of which did not comply with the Food Standards (Ice-Cream) Order. In the year 1958, 12 samples were reported upon adversely. Of the two unsatisfactory County samples in 1959, one was deficient in fat and one was deficient in fat and milk solids other than fat. It is interesting to note that one of the samples received from an autonomous Authority and reported upon adversely was found to contain 1·3 parts per million of lead. The recommended limit for lead in ice-cream is 1 part per million. The makers were interviewed and equipment inspected. A follow up sample taken later was found to be satisfactory.

The average figures found for the 104 samples were — total solids 34·6 per cent. (maximum 55·2; minimum 27·4) and for fat content 8·9 per cent. (maximum 17·4; minimum 4·6). These figures as will be seen from the following table, which includes figures for the last 14 years, show that the big improvement in composition noted in 1950 has been maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review 61 samples out of the total of 104 showed fat contents varying from 8·1 to 17·4 per cent.

Ice-cream

Year	No. of samples	Fat content average per cent.	Total solids average per cent.	Highest fat per cent.	Lowest fat per cent.	Highest total solids per cent.	Lowest total solids per cent.
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	*Less than* 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0
1952	143	9·0	32·8	13·7	2·0	40·0	19·6
1953	130	8·6	32·7	15·2	2·5	42·3	23·3
1954	90	9·2	34·6	13·8	3·1	44·0	24·8
1955	95	8·1	33·2	13·3	3·5	40·9	24·3
1956	94	9·2	34·0	16·4	3·6	43·6	26·3
1957	99	8·7	33·3	14·7	3·0	41·9	22·9
1958	111	8·9	33·8	15·6	2·7	42·1	25·3
1959	104	8·9	34·6	17·4	4·6	55·2	27·4

Dairy Ice-cream.—Nineteen samples (8 County) of dairy ice-cream, not included in the foregoing table, were also submitted for chemical analysis. The average figures found for the 19 samples were — total solids 37·0 per cent. (maximum 41·5; minimum 31·2) and for milk-fat content 10·7 per cent. (maximum 14·3; minimum 5·1). All the samples were found to be satisfactory.

Milk Ice.—One sample was submitted by an autonomous Authority. It was found to have a milk-fat content of 3·2 per cent. and a total solids of 29·3 per cent.

Ice Lollies.—During the year under review 46 samples of ice lollies were submitted for examination under the Food and Drugs Act. Twenty-seven of the samples were submitted by County Sanitary Officers, and 19 by autonomous Food and Drugs Authorities. Unlike ice-cream there is no statutory standard for the composition of ice lollies. They are specifically excluded from the provisions of the Food Standards (Ice-Cream) Order while the Food Standards (Soft Drinks) Order refers only to liquid soft drinks although ice lollies are, in general, similar in composition to soft drinks. Ice lollies and ice-cream are, however, both mentioned in the revised report on lead of the Food Standards Committee of the Ministry of Food and in the Arsenic in Food Regulations which were published in the years 1954 and 1959 respectively. In these, maximum limits of only one part per million for lead and 0·5 part per million for arsenic (as As) are recommended or specified for both commodities, the limits for the majority of other foods being two parts per million and one part per million respectively. In addition to the special limits for lead and arsenic referred to above there are also recommended maximum limits for two other toxic metals in foods, *viz.*, copper 20 parts per million and zinc 50 parts per million. Of the 46 samples of ice lollies, 14 (six County and eight from autonomous authorities) were reported upon adversely. Of these 13 (five County and eight from autonomous authorities) had unsatisfactory labels. The remaining sample, submitted by one of the County Sanitary Officers, was found to contain 250 parts per million benzoic acid and 0·030 per cent. saccharin. These figures are abnormally high, the statutory limits for mineral waters, for example, being 120 parts per million and 0·012 per cent. respectively. The manufacturer, who had ceased production of ice lollies for the season, was interviewed and it transpired that he had been using the concentrate from which the lollies were made in much greater proportion than the instructions stated.

The total solids (sugars, etc.) in the samples ranged from as little as 0·6 per cent. to 34·5 per cent. with an average for the 46 samples of 15·5 per cent. The average total solids on the 14 samples examined in the previous year was 10·8 per cent.

SHOPS ACT ADMINISTRATION

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act, 1950, in all rural districts of the Administrative County area and in all urban districts except those which had a population of 20,000 or more at the last published census. In the municipal boroughs, the respective councils are the local authority.

The position at the end of the year, therefore, was that of the 109 sanitary districts in the Administrative County 26 municipal borough councils and 11 urban district councils were local authorities for the purpose of enforcing the provisions of the Shops Act in their areas, the responsibility in the remaining 72 districts being that of the County Council.

The power to make closing, half-holiday and other orders conferred on the County Council has in 24 instances been delegated to urban district councils, the County Council retaining in these districts the right of enforcement.

Arrangements exist with 70 district councils in the Administrative County Shops Act area whereby certain of the inspectorial duties assigned to the County Council are undertaken by the public health inspectors of those councils in their respective areas. These duties include the provisions of the Act relative to:—

(a) the hours of employment of young persons;

(b) inspection of records and notices;

(c) means of lighting, washing facilities and facilities for meals;

(d) seats for female shop assistants.

In the two remaining districts, *viz.*, the Urban District of Ashton-in-Makerfield and the Rural District of Blackburn, the duties are undertaken by the County Inspectors of Shops.

In respect of the inspections so carried out by district public health inspectors, the County Council paid county district councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1959 inspection reports received under this scheme numbered 7,847. Numerous routine visits were paid by the County Shops Inspectors and shopkeepers interviewed; cautions were administered in respect of many minor infringements of the requirements of the Act and complaints from trade associations and various other sources were investigated and appropriate action taken.

Successful legal proceedings were instituted in 21 cases in connection with contraventions of the Sunday Trading restrictions, fines and costs totalling £75. 8s. 0d. being imposed. In addition proceedings were instituted against one shopkeeper for trading after the normal evening closing hours, a fine and costs totalling £4 being imposed.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1959

Crude Live Birth Rate - - - - Crude Death Rate ———

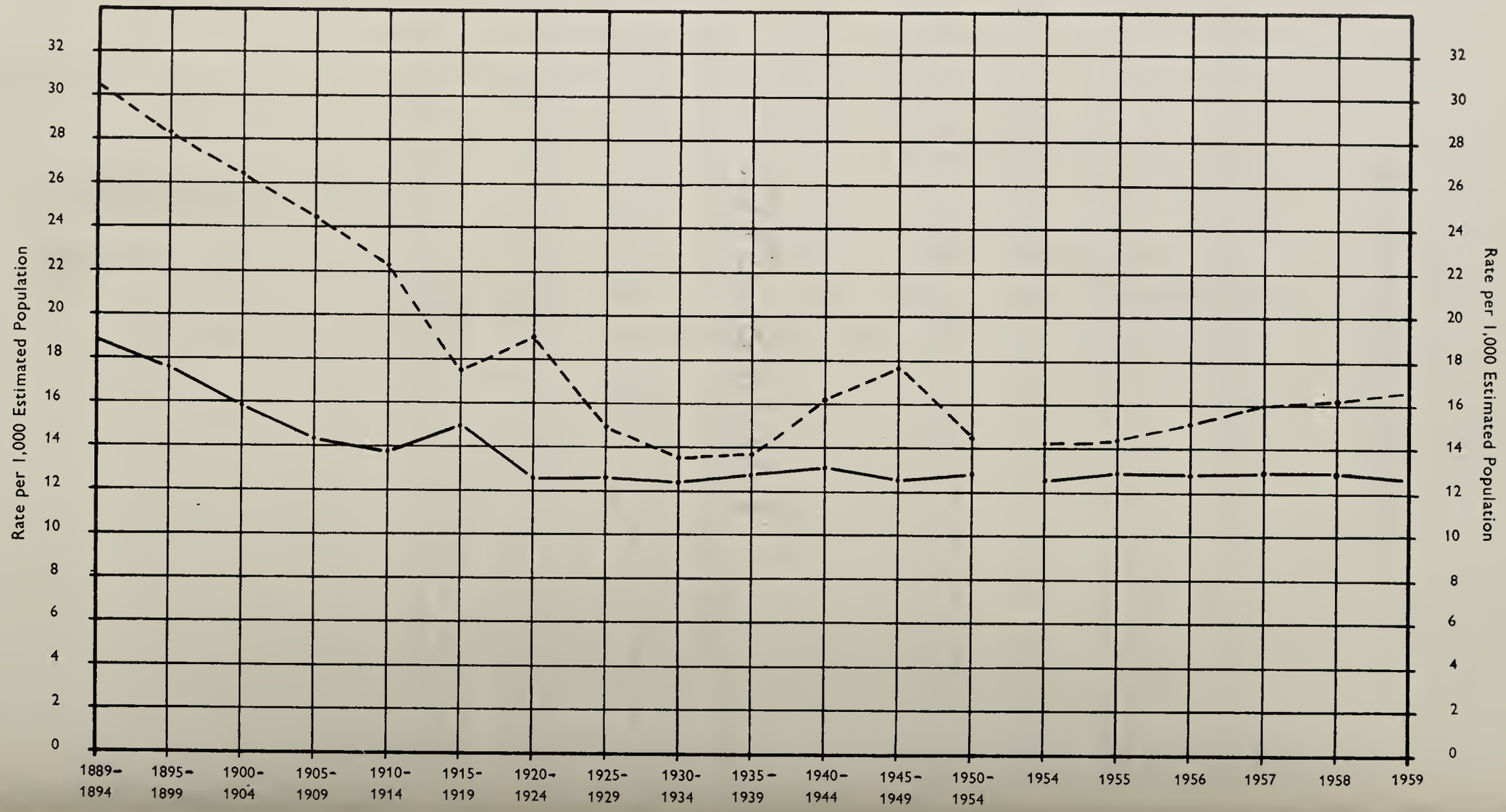

TABLE 1—COUNTY BIRTH AND DEATH RATES 1889–1959

PERIOD	CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
AVERAGE 5 YEARS—									
1889–1894 (6 years)	30·42	30·98	28·63	18·70	19·18	16·91	155	159	128
1895–1899	28·34	28·63	26·56	17·64	17·97	15·62	167	173	130
1900–1904	26·51	26·67	25·37	15·89	16·13	14·21	151	156	119
1905–1909	24·54	24·70	23·46	14·35	14·52	13·17	128	132	98
1910–1914	22·26	22·40	21·38	13·90	14·09	12·69	120	123	97
1915–1919	17·45	17·47	17·31	14·98	15·10	14·25	101	103	89
1920–1924	19·13	19·13	18·29	12·61	12·73	11·87	85	87	70
1925–1929	14·94	14·99	14·65	12·65	12·85	11·51	77	79	66
1930–1934	13·50	13·55	13·21	12·43	12·62	11·32	66	67	61
1935–1939	13·82	13·76	14·21	12·81	13·03	11·43	58	59	52
1940–1944	16·22	16·24	16·08	13·16	13·46	11·35	54	55	46
1945–1949	17·75	17·97	16·42	12·63	12·90	11·05	45	45	41
1950–1954	14·60	14·75	13·76	12·75	13·04	11·10	30	30	29
1955–1959	15·69	15·66	15·84	12·81	13·00	11·74	26	26	26
YEAR—									
1900	26·80	26·96	25·72	17·19	17·46	15·26	162	167	123
1901	26·57	26·78	25·13	16·28	16·58	14·21	161	167	118
1902	26·85	26·95	26·14	15·26	15·43	14·08	139	143	116
1903	26·77	27·04	24·96	15·22	15·44	13·69	140	143	114
1904	25·56	25·66	24·90	15·54	15·78	13·81	157	162	124
1905	25·06	25·22	23·99	14·32	14·52	12·99	132	137	101
1906	24·99	25·11	24·22	14·62	14·81	13·33	139	143	109
1907	24·23	24·47	22·60	14·40	14·59	13·11	125	129	96
1908	24·86	25·05	23·60	14·45	14·61	13·31	131	136	97
1909	23·57	23·67	22·91	13·96	14·08	13·11	115	110	87
1910	22·48	22·47	22·52	12·73	12·83	12·09	117	121	93
1911	22·64	22·88	21·15	15·05	15·33	13·25	144	148	111
1912	22·00	22·09	21·42	13·61	13·76	12·60	104	106	89
1913	22·20	22·41	20·86	14·20	14·39	13·00	124	128	100
1914	22·02	22·19	20·95	13·95	14·17	12·53	112	115	96
1915	19·78	19·91	18·95	15·32	15·60	13·57	119	123	94
1916	18·54	18·54	18·59	14·31	14·47	13·32	99	101	82
1917	16·25	16·27	16·08	13·98	14·05	13·56	96	96	94
1918	16·08	16·09	16·06	17·26	17·40	16·41	100	101	90
1919	16·62	16·58	16·88	14·06	14·01	14·40	93	94	88
1920	22·97	22·30	22·98	12·74	12·83	12·19	91	95	67
1921	20·76	21·06	18·94	12·27	12·31	11·97	88	90	76
1922	18·11	18·28	17·04	13·23	13·43	11·99	85	87	75
1923	17·29	17·42	16·48	12·30	12·44	11·45	80	82	67
1924	16·54	16·62	16·05	12·53	12·66	11·77	81	84	68
1925	15·89	15·99	15·23	12·66	12·79	11·86	82	83	71
1926	15·61	15·66	15·29	11·99	12·21	10·69	80	82	71
1927	14·57	14·59	14·48	12·72	12·86	11·94	73	74	68
1928	14·56	14·64	14·08	11·91	12·08	10·95	69	71	57
1929	14·09	14·08	14·20	14·00	14·32	12·12	84	87	64
1930	14·01	14·07	13·66	11·87	12·10	10·56	64	64	58
1931	13·85	13·90	13·51	12·86	13·05	11·73	70	72	63
1932	13·44	13·50	13·12	12·29	12·50	11·09	67	68	65
1933	12·89	12·92	12·70	13·09	13·26	12·09	68	70	61
1934	13·34	13·38	13·07	12·08	12·21	11·15	61	61	59
1935	13·31	13·30	13·34	12·62	12·78	11·54	62	62	57
1936	13·63	13·62	13·71	12·85	13·09	11·21	58	59	47
1937	13·81	13·78	14·05	13·29	13·47	12·14	62	64	51
1938	14·14	14·03	14·86	12·29	12·48	11·08	55	55	53
1939	14·25	14·11	15·12	13·04	13·33	11·20	57	57	52
1940	14·44	14·37	14·87	14·34	14·78	11·63	59	60	50
1941	14·73	14·76	14·55	13·06	13·40	11·03	61	62	51
1942	15·97	16·07	15·42	12·31	12·59	10·68	52	54	44
1943	17·32	17·38	16·98	13·26	13·51	11·79	54	55	47
1944	18·64	18·65	18·61	12·84	13·02	11·64	46	47	41
1945	16·62	16·63	16·50	13·12	13·39	11·45	50	51	43
1946	18·42	18·63	17·09	12·61	12·82	11·32	46	46	48
1947	20·48	20·87	18·12	13·02	13·25	11·59	47	47	45
1948	17·21	17·48	15·64	11·74	12·00	10·18	40	40	35
1949	15·99	16·18	14·85	12·72	13·05	10·78	38	39	32
1950	15·06	15·22	14·09	12·84	13·18	10·88	33	33	31
1951	14·61	14·79	13·56	13·85	14·23	11·76	29	29	31
1952	14·33	14·50	13·40	12·23	12·65	9·89	30	31	26
1953	14·77	14·92	13·96	12·17	12·34	11·25	29	29	30
1954	14·25	14·33	13·81	12·64	12·80	11·72	29	29	29
1955	14·39	14·31	14·86	12·95	13·19	11·60	26·6	25·9	30·1
1956	15·24	15·19	15·49	12·72	12·96	11·43	27·2	27·3	26·6
1957	16·00	15·89	16·56	12·85	13·11	11·45	25·2	25·3	24·5
1958	16·17	16·17	16·18	12·85	12·95	12·23	25·6	25·5	26·3
1959	16·59	16·67	16·08	12·68	12·80	12·01	23·7	23·8	22·8

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1959

Notes : The Census, 1951, populations given in this table refer to the areas as constituted at 31st December, 1959. Acreages are as supplied by the Ordnance Survey Department and are given to the nearest acre.
The adjusted rates are based on " comparability factors " supplied by the Registrar General. For explanation see pages 18 and 20, and for the district factors see Table 3, page 168.
Rates based upon less than 20 births or deaths are distinguished by italic type as a warning that such rates are subject to a specially large amount of variation in proportion to their magnitude owing to the small number of persons whose experience is being recorded.

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	F.	Total	Live birthrate per 1,000 population: Crude rate	Adjusted rate	Stillbirths: Number registered: M.	F.	Total	Stillbirth rate per 1,000 total births	Deaths: Number registered: M.	F.	Total	Death rate per 1,000 population: Crude rate	Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	F.	Total	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	F.	Total	Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	F.	Total	Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Abram	1,984	6,284	6,190	L. 35 I. 2	45 —	82	13·2	12·6	L. — I. —	2 —	2	*23·8*	29	28	57	9·2	12·4	L. 2 I. —	1 —	3	*36·6*	L. 1 I. —	— —	1	*12·2*	L. 1 I. —	— —	1	*12·2*	*35·7*
Accrington (B)	4,418	40,685	39,160	L. 310 I. 10	278 13	611	15·6	16·4	L. 12 I. —	9 —	21	33·2	312	281	593	15·1	15·0	L. 8 I. —	8 —	16	*26·2*	L. 3 I. —	5 —	8	*13·1*	L. 3 I. —	4 —	7	*11·5*	44·3
Adlington	1,062	3,998	4,330	L. 29 I. —	35 —	64	14·8	15·8	L. — I. —	1 —	1	*15·4*	28	24	52	12·0	13·3	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*15·4*
Ashton-in-Makerfield ...	6,267	19,057	19,360	L. 148 I. 5	149 5	307	15·9	15·4	L. 8 I. —	7 —	15	*46·6*	126	114	240	12·4	14·9	L. 5 I. 1	4 1	11	*35·8*	L. 3 I. —	2 —	5	*16·3*	L. 3 I. —	2 —	5	*16·3*	62·1
Ashton-under-Lyne (B) ...	4,135	52,089	50,410	L. 404 I. 20	341 19	784	15·6	15·6	L. 5 I. —	2 —	7	*8·8*	349	354	703	13·9	14·4	L. 10 I. 1	12 —	23	29·3	L. 9 I. 1	9 —	19	*24·2*	L. 7 I. 1	9 —	17	*21·7*	30·3
Aspull	1,906	6,522	6,720	L. 61 I. 3	62 2	128	19·0	18·7	L. 2 I. —	1 —	3	*22·9*	38	33	71	10·6	13·6	L. 1 I. —	1 —	2	*15·6*	L. 1 I. —	1 —	2	*15·6*	L. 1 I. —	1 —	2	*15·6*	*38·2*
Atherton	2,264	20,596	19,750	L. 163 I. 3	141 1	308	15·6	15·6	L. — I. —	8 —	8	*25·3*	146	159	305	15·4	15·1	L. — I. —	2 —	2	*6·5*	L. — I. —	1 —	1	*3·2*	L. — I. —	1 —	1	*3·2*	*28·5*
Audenshaw	1,241	12,661	12,440	L. 90 I. 2	90 4	186	15·0	15·4	L. 1 I. 1	1 —	3	*15·9*	77	69	146	11·7	13·0	L. 3 I. —	— —	3	*16·1*	L. 3 I. —	— —	3	*16·1*	L. 3 I. —	— —	3	*16·1*	*31·7*
Bacup (B)...	6,121	18,374	17,960	L. 163 I. 12	154 8	337	18·8	18·9	L. 3 I. —	3 —	6	*17·5*	134	113	247	13·8	15·1	L. 4 I. —	2 1	7	*20·8*	L. 1 I. —	1 —	2	*5·9*	L. 1 I. —	1 —	2	*5·9*	*23·3*
Barrowford	1,387	4,766	4,710	L. 30 I. 3	29 3	65	13·8	15·5	L. 1 I. —	3 1	5	*71·4*	36	46	82	17·4	15·8	L. — I. —	1 —	1	*15·4*	L. — I. —	1 —	1	*15·4*	L. — I. —	1 —	1	*15·4*	*85·7*
Billinge and Winstanley...	4,596	6,157	6,540	L. 48 I. 2	44 2	96	14·7	15·0	L. 1 I. —	— —	1	*10·3*	53	43	96	14·7	12·3	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*10·3*
Blackrod	2,392	3,153	3,390	L. 35 I. 1	28 2	66	19·5	19·1	L. 1 I. —	— —	1	*14·9*	13	17	30	8·8	9·7	L. — I. —	1 —	1	*15·2*	L. — I. —	1 —	1	*15·2*	L. — I. —	1 —	1	*15·2*	*29·9*
Brierfield	807	7,009	6.790	L. 57 I. 1	52 4	114	16·8	18·5	L. 2 I. —	— —	2	*17·2*	40	61	101	14·9	14·4	L. — I. —	1 —	1	*8·8*	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*17·2*
Carnforth	1,504	3,388	3,900	L. 45 I. 1	35 —	81	20·8	20·8	L. — I. —	— —	—	nil	14	17	31	7·9	8·8	L. 3 I. —	— —	3	*37·0*	L. 3 I. —	— —	3	*37·0*	L. 3 I. —	— —	3	*37·0*	*37·0*
Chadderton	3,013	31,124	32,430	L. 248 I. 11	228 6	493	15·2	15·8	L. 7 I. —	3 —	10	*19·9*	203	217	420	13·0	15·3	L. 7 I. —	6 —	13	*26·4*	L. 6 I. —	3 —	9	*18·3*	L. 5 I. —	2 —	7	*14·2*	*33·8*
Chorley (B)	4.283	32,640	31,440	L. 240 I. 8	253 10	511	16·3	16·4	L. 7 I. —	5 1	13	*24·8*	227	230	457	14·5	15·5	L. 2 I. —	4 1	7	*13·7*	L. 2 I. —	1 —	3	*5·9*	L. 1 I. —	1 —	2	*3·9*	*28·6*

L.—Legitimate. I.—Illegitimate.

TABLE 2—*continued*

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census. 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	Births: Live Births: Number registered: F.	Births: Live Births: Number registered: Total	Births: Live Births: Live birthrate per 1,000 population: Crude rate	Births: Live Births: Live birthrate per 1,000 population: Adjusted rate	Births: Stillbirths: Number registered: M.	Births: Stillbirths: Number registered: F.	Births: Stillbirths: Number registered: Total	Births: Stillbirths: Still-birth rate per 1,000 total births	Deaths: Number registered: M.	Deaths: Number registered: F.	Deaths: Number registered: Total	Deaths: Death rate per 1,000 population: Crude rate	Deaths: Death rate per 1,000 population: Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	Infant Mortality: Deaths of infants under one year: F.	Infant Mortality: Deaths of infants under one year: Total	Infant Mortality: Deaths of infants under one year: Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	Neo-Natal Mortality: Deaths of infants under four weeks: F.	Neo-Natal Mortality: Deaths of infants under four weeks: Total	Neo-Natal Mortality: Deaths of infants under four weeks: Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	Early Neo-Natal Mortality: Deaths of infants under one week: F.	Early Neo-Natal Mortality: Deaths of infants under one week: Total	Early Neo-Natal Mortality: Deaths of infants under one week: Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Church	528	5,200	5,750	L. 49 I. 1	42 1	93	16·2	16·2	L. 5 I. —	— —	5	*51·0*	34	30	64	11·1	11·8	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*51·0*
Clayton-le-Moors ...	1,060	6,825	6,800	L. 51 I. 2	42 2	97	14·3	15·0	L. 2 I. —	2 —	4	*39·6*	47	38	85	12·5	13·6	L. — I. —	3 —	3	*30·9*	L. — I. —	1 —	1	*10·3*	L. — I. —	— —	—	nil	*39·6*
Clitheroe (B)	2,386	12,062	11,970	L. 82 I. 3	80 2	167	14·0	15·8	L. 1 I. —	3 —	4	*23·4*	113	97	210	17·5	14·6	L. 4 I. —	— —	4	*24·0*	L. 1 I. —	— —	1	*6·0*	L. 1 I. —	— —	1	*6·0*	*29·2*
Colne (B)	5,939	20,670	19,680	L. 119 I. 7	112 10	248	12·6	13·5	L. 3 I. —	2 —	5	*19·8*	135	161	296	15·0	14·7	L. 3 I. —	2 —	5	*20·2*	L. 2 I. —	1 —	3	*12·1*	L. 2 I. —	1 —	3	*12·1*	*31·6*
Crompton	2,865	12,559	12,690	L. 93 I. 1	82 2	178	14·0	14·6	L. 1 I. —	1 —	2	*11·1*	105	67	172	13·6	14·6	L. 2 I. —	2 —	4	*22·5*	L. 2 I. —	2 —	4	*22·5*	L. 2 I. —	2 —	4	*22·5*	*33·3*
Crosby (B)	4,870	58,478	58,290	L. 544 I. 16	464 21	1045	17·9	17·9	L. 7 I. —	9 —	16	*15·1*	389	400	789	13·5	13·3	L. 8 I. —	5 —	13	*12·4*	L. 8 I. —	3 —	11	*10·5*	L. 8 I. —	3 —	11	*10·5*	25·4
Dalton-in-Furness ...	8,022	10,398	10,240	L. 73 I. 2	78 1	154	15·0	15·3	L. 1 I. —	— —	1	*6·5*	73	66	139	13·6	14·1	L. 2 I. —	4 —	6	*39·0*	L. 2 I. —	3 —	5	*32·5*	L. 2 I. —	2 —	4	*26·0*	*32·3*
Darwen (B)	5,959	30,827	29,450	L. 228 I. 10	212 8	458	15·6	16·8	L. 7 I. —	7 —	14	*29·7*	257	215	472	16·0	15·7	L. 9 I. —	4 —	13	*28·4*	L. 7 I. —	4 —	11	*24·0*	L. 5 I. —	3 —	8	*17·5*	46·6
Denton	2,593	25,603	28,870	L. 245 I. 10	255 9	51[illegible]	18·0	18·1	L. 9 I. —	3 —	12	*22·6*	140	159	299	10·4	13·0	L. 2 I. —	1 —	3	*5·8*	L. 2 I. —	1 —	3	*5·8*	L. 2 I. —	1 —	3	*5·8*	*28·2*
Droylsden	1,245	26,881	26,230	L. 209 I. 2	187 3	401	15·3	15·4	L. 5 I. —	5 —	10	*24·3*	125	131	256	9·8	13·7	L. 6 I. —	3 —	9	*22·4*	L. 5 I. —	2 —	7	*17·5*	L. 5 I. —	1 —	6	*15·0*	*38·9*
Eccles (B)	3,417	43,926	43,550	L. 363 I. 16	344 14	737	16·9	16·9	L. 9 I. 1	5 1	16	*21·2*	346	351	697	16·0	13·8	L. 12 I. 1	14 1	28	38·0	L. 9 I. 1	11 1	22	29·9	L. 8 I. 1	10 1	20	27·1	47·8
Failsworth	1,679	18,705	19,450	L. 163 I. 7	137 3	310	15·9	15·6	L. 3 I. —	2 —	5	*15·9*	123	100	223	11·5	14·1	L. 5 I. —	4 —	9	*29·0*	L. 2 I. —	2 —	4	*12·9*	L. 2 I. —	1 —	3	*9·7*	*25·4*
Farnworth (B)	1,504	28,616	27,400	L. 218 I. 11	223 10	462	16·9	16·7	L. 5 I. —	3 —	8	*17·0*	187	202	389	14·2	12·9	L. 4 I. —	9 —	13	*28·1*	L. 3 I. —	5 —	8	*17·3*	L. 1 I. —	5 —	6	*13·0*	*29·8*
Fleetwood (B)	2,565	27,537	28,650	L. 274 I. 11	236 10	531	18·5	18·9	L. 5 I. —	7 3	15	*27·5*	192	176	368	12·8	14·5	L. 6 I. —	6 —	12	*22·6*	L. 3 I. —	3 —	6	*11·3*	L. 3 I. —	2 —	5	*9·4*	36·6
Formby	5,613	10,436	10,770	L. 92 I. 1	82 3	178	16·5	19·0	L. — I. —	2 —	2	*11·1*	55	63	118	11·0	11·6	L. 1 I. —	3 —	4	*22·5*	L. 1 I. —	2 —	3	*16·9*	L. 1 I. —	1 —	2	*11·2*	*22·2*
Fulwood	3,164	12,809	15,420	L. 132 I. 3	139 3	277	18·0	18·9	L. — I. —	2 —	2	*7·2*	137	167	304	19·7	12·0	L. 2 I. —	3 —	5	*18·1*	L. — I. —	1 —	1	*3·6*	L. — I. —	1 —	1	*3·6*	*10·8*

L. — Legitimate. I. — Illegitimate.

TABLE 2—*continued*

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	Births: Live Births: Number registered: F.	Births: Live Births: Number registered: Total	Births: Live Births: Live birthrate per 1,000 population: Crude rate	Births: Live Births: Live birthrate per 1,000 population: Adjusted rate	Births: Stillbirths: Number registered: M.	Births: Stillbirths: Number registered: F.	Births: Stillbirths: Number registered: Total	Births: Stillbirths: Still-birth rate per 1,000 total births	Deaths: Number registered: M.	Deaths: Number registered: F.	Deaths: Number registered: Total	Deaths: Death rate per 1,000 population: Crude rate	Deaths: Death rate per 1,000 population: Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	Infant Mortality: Deaths of infants under one year: F.	Infant Mortality: Deaths of infants under one year: Total	Infant Mortality: Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	Neo-Natal Mortality: Deaths of infants under four weeks: F.	Neo-Natal Mortality: Deaths of infants under four weeks: Total	Neo-Natal Mortality: Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	Early Neo-Natal Mortality: Deaths of infants under one week: F.	Early Neo-Natal Mortality: Deaths of infants under one week: Total	Early Neo-Natal Mortality: Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Golborne	7,563	16,878	20,820	L. 225 I. 3	177 5	410	19·7	17·9	L. 5 I. —	3 —	8	*19·1*	106	110	216	10·4	14·3	L. 2 I. 1	7 —	10	*24·4*	L. 2 I. —	3 —	5	*12·2*	L. 2 I. —	3 —	5	*12·2*	*31·1*
Grange	1,883	3,028	2,830	L. 6 I. 1	7 —	14	*4·9*	*7·2*	L. — I. —	1 —	1	*66·7*	20	40	60	21·2	11·2	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*66·7*
Great Harwood	2,868	10,739	10,650	L. 71 I. 4	79 2	156	14·6	16·3	L. — I. 1	4 —	5	*31·1*	80	76	156	14·6	14·1	L. 2 I. —	1 —	3	*19·2*	L. 1 I. —	1 —	2	*12·8*	L. 1 I. —	1 —	2	*12·8*	*43·5*
Haslingden (B)	8,203	14,513	14,080	L. 114 I. 7	82 3	206	14·6	15·7	L. 3 I. —	1 —	4	*19·0*	89	115	204	14·5	14·3	L. 3 I. —	5 —	8	*38·8*	L. 2 I. —	4 —	6	*29·1*	L. 2 I. —	4 —	6	*29·1*	*47·6*
Haydock	2,395	11,837	12,060	L. 116 I. 3	109 —	228	18·9	18·1	L. 4 I. —	6 —	10	*42·0*	70	62	132	10·9	13·0	L. 5 I. —	2 —	7	*30·7*	L. 5 I. —	2 —	7	*30·7*	L. 5 I. —	1 —	6	*26·3*	*67·2*
Heywood (B)	8,508	25,201	24,720	L. 195 I. 8	165 17	385	15·6	15·7	L. 3 I. —	4 2	9	*22·8*	170	179	349	14·1	15·7	L. 5 I. —	2 —	7	*18·2*	L. 2 I. —	2 —	4	*10·4*	L. 2 I. —	2 —	4	*10·4*	*33·0*
Hindley	2,612	19,415	19,250	L. 165 I. 3	130 4	302	15·7	15·7	L. 5 I. —	4 —	9	*28·9*	113	104	217	11·3	13·7	L. 4 I. —	1 —	5	*16·6*	L. 1 I. —	1 —	2	*6·6*	L. — I. —	1 —	1	*3·3*	*32·2*
Horwich	3,257	15,549	15,840	L. 114 I. 2	111 4	231	14·6	14·6	L. 1 I. —	3 —	4	*17·0*	110	75	185	11·7	13·0	L. 6 I. —	3 —	9	*39·0*	L. 5 I. —	3 —	8	*34·6*	L. 5 I. —	2 —	7	*30·3*	*46·8*
Huyton-with-Roby ...	3,053	55,796	61,960	L. 699 I. 28	619 25	1,371	22·1	21·9	L. 14 I. 1	15 —	30	21·4	225	209	434	7·0	12·4	L. 20 I. —	12 —	32	23·3	L. 15 I. —	8 —	23	16·8	L. 9 I. —	7 —	16	*11·7*	32·8
Ince-in-Makerfield ...	2,320	20,413	19,950	L. 139 I. 9	144 2	294	14·7	14·1	L. 7 I. —	6 —	13	*42·3*	121	102	223	11·2	15·7	L. 4 I. 1	3 —	8	*27·2*	L. 2 I. 1	2 —	5	*17·0*	L. 1 I. —	1 —	2	*6·8*	*48·9*
Irlam	4,717	15,063	15,090	L. 134 I. 4	100 5	243	16·1	16·6	L. — I. 1	2 —	3	*12·2*	96	57	153	10·1	12·9	L. 6 I. —	2 —	8	*32·9*	L. 5 I. —	1 —	6	*24·7*	L. 4 I. —	1 —	5	*20·6*	*32·5*
Kearsley	1,728	10,677	10,400	L. 59 I. 2	77 2	140	13·5	13·5	L. 2 I. —	— —	2	*14·1*	56	71	127	12·2	14·3	L. 1 I. —	2 —	3	*21·4*	L. — I. —	2 —	2	*14·3*	L. — I. —	2 —	2	*14·3*	*28·2*
Kirkby	4,672	3,145	47,450	L. 688 I. 31	688 25	1,432	30·2	22·0	L. 16 I. 1	24 —	41	27·8	95	111	206	4·3	11·7	L. 26 I. —	25 2	53	37·0	L. 16 I. —	17 2	35	24·4	L. 16 I. —	16 2	34	23·7	50·9
Kirkham	939	6,930	4,660	L. 36 I. 1	32 —	69	14·8	13·6	L. — I. —	1 —	1	*14·3*	34	23	57	12·2	13·3	L. 2 I. 2	1 —	5	*72·5*	L. 2 I. 1	— —	3	*43·5*	L. 1 I. 1	— —	2	*29·0*	*42·9*
Lancaster (B)	4,873	51,661	49,090	L. 362 I. 23	358 20	763	15·5	16·8	L. 5 I. —	13 1	19	*24·3*	390	443	833	17·0	12·9	L. 4 I. 3	7 2	16	*21·0*	L. 3 I. 1	7 1	12	*15·7*	L. 2 I. 1	6 —	9	*11·8*	35·8
Lees	288	4,160	3,930	L. 22 I. 1	19 1	43	10·9	12·0	L. — I. —	1 —	1	*22·7*	35	30	65	16·5	17·2	L. 1 I. —	— —	1	*23·3*	L. 1 I. —	— —	1	*23·3*	L. 1 I. —	— —	1	*23·3*	*45·5*

L. — Legitimate. I. — Illegitimate.

TABLE 2—*continued*

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	F.	Total	Live birthrate per 1,000 population: Crude rate	Ad-justed rate	Stillbirths: Number registered: M.	F.	Total	Still-birth rate per 1,000 total births	Deaths: Number registered: M.	F.	Total	Death rate per 1,000 population: Crude rate	Ad-justed rate	Infant Mortality: Deaths of infants under one year: M.	F.	Total	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	F.	Total	Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	F.	Total	Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Leigh (B)	6,359	48,728	47,300	L. 369 I. 10	366 14	759	16·0	15·9	L. 11 I. —	9 —	20	25·7	315	309	624	13·2	16·4	L. 10 I. 1	2 —	13	*17·1*	L. 8 I. —	— —	8	*10·5*	L. 6 I. —	— —	6	*7·9*	33·4
Leyland	3,804	14,719	18,220	L. 202 I. 6	144 8	360	19·8	19·0	L. 3 I. —	5 —	8	*21·7*	97	110	207	11·4	15·2	L. 8 I. —	2 —	10	*27·8*	L. 6 I. —	1 —	7	*19·4*	L. 6 I. —	1 —	7	*19·4*	*40·8*
Litherland	1,209	23,628	24,610	L. 230 I. 7	186 5	428	17·4	16·3	L. 7 I. —	3 —	10	*22·8*	129	125	254	10·3	15·0	L. 9 I. 1	7 —	17	*39·7*	L. 7 I. 1	5 —	13	*30·4*	L. 5 I. 1	5 —	11	*25·7*	47·9
Littleborough	7,855	10,986	10,490	L. 81 I. 3	77 8	169	16·1	16·1	L. 4 I. 1	3 —	8	*45·2*	72	78	150	14·3	15·7	L. 3 I. —	4 —	7	*41·4*	L. 3 I. —	4 —	7	*41·4*	L. 2 I. —	2 —	4	*23·7*	*67·8*
Little Lever	808	4,704	4,770	L. 36 I. 1	43 —	80	16·8	17·6	L. 2 I. —	1 —	3	*36·1*	35	37	72	15·1	17·7	L. 1 I. —	1 —	2	*25*	L. 1 I. —	1 —	2	*25*	L. 1 I. —	— —	1	*12·5*	*48·2*
Longridge	3,285	4,315	4,600	L. 36 I. —	44 —	80	17·4	19·0	L. — I. —	2 —	2	*24·4*	36	26	62	13·5	15·4	L. 4 I. —	— —	4	*50*	L. 3 I. —	— —	3	*37·5*	L. 2 I. —	— —	2	*25*	*48·8*
Lytham St. Annes (B) ...	5,814	30,343	32,060	L. 204 I. 13	198 12	427	13·3	15·3	L. 4 I. —	7 —	11	*25·1*	263	309	572	17·8	12·7	L. 2 I. 1	3 —	6	*14·1*	L. 2 I. 1	3 —	6	*14·1*	L. 1 I. 1	2 —	4	*9·4*	*34·2*
Middleton (B)	5,172	32,607	54,690	L. 550 I. 15	507 14	1,086	19·9	17·5	L. 14 I. 1	10 2	27	24·3	251	244	495	9·1	13·4	L. 14 I. 1	9 3	27	24·9	L. 10 I. —	5 3	18	*16·6*	L. 9 I. —	4 2	15	*13·8*	37·7
Milnrow	5,194	8,587	8,380	L. 65 I. 2	48 7	122	14·6	14·7	L. — I. —	— —	—	nil	63	63	126	15·0	15·6	L. — I. —	1 1	2	*16·4*	L. — I. —	1 1	2	*16·4*	L. — I. —	— —	—	nil	nil
Morecambe and Heysham (B)	3,794	37,006	37,690	L. 243 I. 9	225 14	491	13·0	15·9	L. 6 I. —	4 1	11	*21·9*	303	335	638	16·9	13·0	L. 5 I. —	5 —	10	*20·4*	L. 4 I. —	4 —	8	*16·3*	L. 3 I. —	4 —	7	*14·3*	*35·9*
Mossley (B)	3,661	10,422	10,000	L. 74 I. 1	77 4	156	15·6	16·1	L. 3 I. —	1 —	4	*25*	65	75	140	14	15·3	L. 1 L. —	2 —	3	*19·2*	L. 1 I. —	2 —	3	*19·2*	L. 1 I. —	1 —	2	*12·8*	*37·5*
Nelson (B)	3,445	34,384	31,720	L. 254 I. 13	199 8	474	14·9	16·1	L. 7 I. 2	6 1	16	*32·7*	265	261	526	16·6	15·9	L. 3 I. 1	5 —	9	*19·0*	L. 2 I. 1	4 —	7	*14·8*	L. 2 I. 1	3 —	6	*12·7*	44·9
Newton-le-Willows ...	3,105	21,862	21,990	L. 185 I. 3	158 3	349	15·9	15·6	L. 2 I. —	6 —	8	*22·4*	117	109	226	10·3	11·8	L. 7 I. —	1 —	8	*22·9*	L. 6 I. —	1 —	7	*20·1*	L. 6 I. —	1 —	7	*20·1*	*42·0*
Ormskirk	15,608	20,482	21,450	L. 136 I. 1	151 2	290	13·5	13·9	L. 2 I. —	3 —	5	*16·9*	144	129	273	12·7	12·2	L. 4 I. —	4 —	8	*27·6*	L. 4 I. —	4 —	8	*27·6*	L. 4 I. —	4 —	8	*27·6*	*44·1*
Orrell	1,617	9,318	10,420	L. 67 I. 5	77 —	149	14·3	13·9	L. 4 I. —	1 —	5	*32·5*	60	48	108	10·4	12·8	L. 2 I. 1	— —	3	*20·1*	L. — I. 1	— —	1	*6·7*	L. — I. 1	— —	1	*6·7*	*39·0*
Oswaldtwistle	4,885	12,130	11,920	L. 86 I. 7	81 8	182	15·3	16·2	L. — I. —	1 —	1	*5·5*	92	89	181	15·2	15·0	L. 1 I. —	1 —	2	*11·0*	L. — I. —	1 —	1	*5·5*	L. — I. —	— —	—	nil	*5·5*

L.—Legitimate I.—Illegitimate

TABLE 2—*continued*

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	Births: Live Births: Number registered: F.	Births: Live Births: Number registered: Total	Births: Live Births: Live birthrate per 1,000 population: Crude rate	Births: Live Births: Live birthrate per 1,000 population: Adjusted rate	Births: Stillbirths: Number registered: M.	Births: Stillbirths: Number registered: F.	Births: Stillbirths: Number registered: Total	Births: Stillbirths: Still-birth rate per 1,000 total births	Deaths: Number registered: M.	Deaths: Number registered: F.	Deaths: Number registered: Total	Deaths: Death rate per 1,000 population: Crude rate	Deaths: Death rate per 1,000 population: Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	Infant Mortality: Deaths of infants under one year: F.	Infant Mortality: Deaths of infants under one year: Total	Infant Mortality: Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	Neo-Natal Mortality: Deaths of infants under four weeks: F.	Neo-Natal Mortality: Deaths of infants under four weeks: Total	Neo-Natal Mortality: Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	Early Neo-Natal Mortality: Deaths of infants under one week: F.	Early Neo-Natal Mortality: Deaths of infants under one week: Total	Early Neo-Natal Mortality: Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Padiham	975	10,041	9,860	L. 71 I. 3	67 2	143	14·5	14·9	L. 2 I. —	2 —	4	*27·2*	72	83	155	15·7	16·0	L. 1 I. —	2 —	3	*21·0*	L. 1 I. —	1 —	2	*14·0*	L. 1 I. —	— —	1	*7·0*	*34·0*
Poulton-le-Fylde ...	2,272	7,528	11,760	L. 89 I. 2	82 2	175	14·9	14·1	L. 3 I. 1	2 —	6	*33·1*	84	61	145	12·3	14·5	L. 4 I. —	1 —	5	*28·6*	L. 3 I. —	1 —	4	*22·9*	L. 3 I. —	1 —	4	*22·9*	*55·2*
Preesall	3,277	2,231	2,250	L. 12 I. —	17 —	29	12·9	16·4	L. — I. —	— —	—	nil	20	28	48	21·3	14·3	L. 1 I. —	— —	1	*34·5*	L. 1 I. —	— —	1	*34·5*	L. 1 I. —	— —	1	*34·5*	*34·5*
Prescot	870	12,474	12,640	L. 121 I. 3	108 5	237	18·8	17·1	L. 5 I. 1	4 —	10	*40·5*	75	76	151	11·9	14·4	L. 5 I. —	3 1	9	*38·0*	L. 3 I. —	2 1	6	*25·3*	L. 3 I. —	1 1	5	*21·1*	*60·7*
Prestwich (B)	2,421	34,466	33,510	L. 234 I. 9	207 8	458	13·7	15·4	L. 4 I. 1	5 —	10	*21·4*	258	293	551	16·4	13·5	L. 3 I. —	— —	3	*6·6*	L. 1 I. —	— —	1	*2·2*	L. 1 I. —	— —	1	*2·2*	*23·5*
Radcliffe (B)	4,957	27,556	27,240	L. 173 I. 8	196 9	386	14·2	14·9	L. 2 I. —	8 2	12	*30·2*	193	193	386	14·2	15·4	L. 9 I. —	8 —	17	*44·0*	L. 8 I. —	6 —	14	*36·3*	L. 8 I. —	6 —	14	*36·3*	65·3
Rainford	5,877	4,084	4,710	L. 58 I. —	42 1	101	21·4	20·4	L. 1 I. —	— —	1	*9·8*	20	24	44	9·3	11·6	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*9·8*
Ramsbottom	9,562	14,589	13,710	L. 100 I. 8	93 4	205	15·0	16·1	L. 2 I. 1	1 —	4	*19·1*	85	113	198	14·4	13·9	L. 1 I. —	2 —	3	*14·6*	L. — I. —	1 —	1	*4·9*	L. — I. —	1 —	1	*4·9*	*23·9*
Rawtenstall (B)	9,528	25,437	24,030	L. 168 I. 5	138 10	321	13·4	14·2	L. 3 I. —	4 —	7	*21·3*	228	190	418	17·4	16·7	L. 6 I. —	3 —	9	*28·0*	L. 4 I. —	1 —	5	*15·6*	L. 2 I. —	1 —	3	*9·3*	*30·5*
Rishton	2,879	5,800	5,470	L. 30 I. —	39 1	70	12·8	14·3	L. — I. —	2 —	2	*27·8*	30	36	66	12·1	12·2	L. 1 I. —	1 —	2	*28·6*	L. 1 I. —	1 —	2	*28·6*	L. 1 I. —	1 —	2	*28·6*	*55·6*
Royton	2,149	14,781	14,370	L. 106 I. 4	95 9	214	14·9	15·5	L. 1 I. —	3 —	4	*18·3*	87	113	200	13·9	15·6	L. 4 I. —	3 —	7	*32·7*	L. 2 I. —	1 —	3	*14·0*	L. 1 I. —	1 —	2	*9·3*	*27·5*
Skelmersdale	1,942	6,216	6,370	L. 56 I. 1	46 2	105	16·5	16·5	L. 1 I. —	— —	1	*9·4*	45	34	79	12·4	15·7	L. 1 I. —	2 —	3	*28·6*	L. 1 I. —	2 —	3	*28·6*	L. — I. —	1 —	1	*9·5*	*18·9*
Standish-with-Langtree ...	3,266	8,998	9,320	L. 65 I. —	69 2	136	14·6	15·5	L. 2 I. —	1 —	3	*21·6*	62	56	118	12·7	13·9	L. — I. —	3 —	3	*22·1*	L. — I. —	3 —	3	*22·1*	L. — I. —	3 —	3	*22·1*	*43·2*
Stretford (B)	3,530	61,874	61,550	L. 541 I. 34	466 38	1,079	17·5	16·7	L. 10 I. 3	9 —	22	20·0	342	366	708	11·5	13·8	L. 17 I. 2	8 —	27	25·0	L. 12 I. —	7 —	19	*17·6*	L. 11 I. —	4 —	15	*13·9*	33·6
Swinton and Pendlebury (B) ...	3,364	41,309	40,220	L. 295 I. 10	326 10	641	15·9	16·7	L. 8 I. —	5 —	13	*19·9*	243	245	488	12·1	14·6	L. 5 I. —	3 —	8	*12·5*	L. 4 I. —	— —	4	*6·2*	L. 3 I. —	— —	3	*4·7*	*24·5*
Thornton Cleveleys ...	3,358	15,443	17,430	L. 123 I. 3	127 3	256	14·7	15·9	L. 1 I. —	1 —	2	*7·8*	162	152	314	18·0	15·8	L. 4 I. —	1 —	5	*19·5*	L. 2 I. —	1 —	3	*11·7*	L. 1 I. —	1 —	2	*7·8*	*15·5*

L. — Legitimate. I. — Illegitimate.

TABLE 2—*continued*

Urban Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	Births: Live Births: Number registered: F.	Births: Live Births: Number registered: Total	Births: Live Births: Live birthrate per 1,000 population: Crude rate	Births: Live Births: Live birthrate per 1,000 population: Adjusted rate	Births: Stillbirths: Number registered: M.	Births: Stillbirths: Number registered: F.	Births: Stillbirths: Number registered: Total	Births: Stillbirths: Still-birth rate per 1,000 total births	Deaths: Number registered: M.	Deaths: Number registered: F.	Deaths: Number registered: Total	Deaths: Death rate per 1,000 population: Crude rate	Deaths: Death rate per 1,000 population: Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	Infant Mortality: Deaths of infants under one year: F.	Infant Mortality: Deaths of infants under one year: Total	Infant Mortality: Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	Neo-Natal Mortality: Deaths of infants under four weeks: F.	Neo-Natal Mortality: Deaths of infants under four weeks: Total	Neo-Natal Mortality: Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	Early Neo-Natal Mortality: Deaths of infants under one week: F.	Early Neo-Natal Mortality: Deaths of infants under one week: Total	Early Neo-Natal Mortality: Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Tottington	2,542	5,824	5,680	L. 31 I. 1	41 —	73	12·9	15·9	L. 1 I. —	1 —	2	*26·7*	38	55	93	16·4	13·9	L. 1 I. —	— —	1	*13·7*	L. 1 I. —	— —	1	*13·7*	L. 1 I. —	— —	1	*13·7*	*40*
Trawden	6,815	2,114	1,960	L. 7 I. —	10 —	17	*8·7*	*10·0*	L. 1 I. —	— —	1	*55·6*	21	13	34	17·3	16·3	L. — I. —	1 —	1	*58·8*	L. — I. —	1 —	1	*58·8*	L. — I. —	1 —	1	*58·8*	*111·1*
Turton	17,334	10,956	12,420	L. 108 I. 4	80 3	195	15·7	16·0	L. 3 I. —	2 —	5	*25*	85	66	151	12·2	12·2	L. 5 I. 1	— 1	7	*35·9*	L. 5 I. 1	— 1	7	*35·9*	L. 5 I. 1	— 1	7	*35·9*	*60*
Tyldesley	5,175	18,101	17,460	L. 121 I. 4	107 1	233	13·3	13·2	L. 5 I. —	1 —	6	*25·1*	121	97	218	12·5	14·9	L. 7 I. —	3 —	10	*42·9*	L. 4 I. —	2 —	6	*25·8*	L. 2 I. —	2 —	4	*17·2*	*41·8*
Ulverston	3,196	10,076	10,420	L. 69 I. 6	65 2	142	13·6	13·8	L. 1 I. —	— —	1	*7·0*	66	92	158	15·2	12·7	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	L. — I. —	— —	—	nil	*7·0*
Up Holland	4,686	6,317	6,700	L. 51 I. 3	33 2	89	13·3	13·3	L. 3 I. —	— —	3	*32·6*	25	32	57	8·5	10·9	L. — I. —	1 —	1	*11·2*	L. — I. —	1 —	1	*11·2*	L. — I. —	1 —	1	*11·2*	*43·5*
Urmston	4,799	39,237	41,050	L. 361 I. 4	336 14	715	17·4	17·4	L. 12 I. 1	9 1	23	31·2	217	230	447	10·9	13·1	L. 4 I. —	8 1	13	*18·2*	L. 3 I. —	6 1	10	*14·0*	L. 3 I. —	5 1	9	*12·6*	43·4
Walton-le-Dale	4,733	14,709	16,800	L. 161 I. 4	151 2	318	18·9	18·9	L. 5 I. —	2 —	7	*21·5*	90	92	182	10·8	13·2	L. 5 I. —	4 —	9	*28·3*	L. 2 I. —	2 —	4	*12·6*	L. 2 I. —	2 —	4	*12·6*	*33·8*
Wardle	3,192	4,892	4,480	L. 29 I. 3	34 —	66	14·7	13·4	L. 1 I. 1	1 —	3	*43·5*	27	32	59	13·2	9·2	L. 1 I. —	— —	1	*15·2*	L. 1 I. —	— —	1	*15·2*	L. — I. —	— —	—	nil	*43·5*
Westhoughton	5,560	15,004	15,460	L. 102 I. 1	108 3	214	13·8	14·4	L. 4 I. —	— —	4	*18·3*	93	85	178	11·5	13·1	L. 2 I. —	3 —	5	*23·4*	L. 1 I. —	— —	1	*4·7*	L. — I. —	— —	—	nil	*18·3*
Whitefield	3,388	12,914	13,330	L. 110 I. 2	87 3	202	15·2	15·8	L. 1 I. —	2 —	3	*14·6*	82	85	167	12·5	14·4	L. 6 I. —	1 —	7	*34·7*	L. 5 I. —	1 —	6	*29·7*	L. 4 I. —	1 —	5	*24·8*	*39·0*
Whitworth	4,483	7,444	7,370	L. 82 I. 5	57 5	149	20·2	20·4	L. 1 I. —	2 —	3	*19·7*	54	47	101	13·7	15·2	L. 2 I. —	— —	2	*13·4*	L. 1 I. —	— —	1	*6·7*	L. 1 I. —	— —	1	*6·7*	*26·3*
Widnes (B)	5,746	48,785	51,200	L. 568 I. 25	488 27	1,108	21·6	20·6	L. 12 I. —	12 3	27	23·8	267	203	470	9·2	12·9	L. 11 I. 2	12 —	25	22·6	L. 9 I. 2	7 —	18	*16·2*	L. 6 I. 2	7 —	15	*13·5*	37·0
Withnell	4,186	2,923	2,790	L. 21 I. —	23 —	44	15·8	17·5	L. 1 I. —	1 —	2	*43·5*	23	27	50	17·9	17·9	L. 3 I. —	1 —	4	*90·9*	L. 1 I. —	1 —	2	*45·5*	L. 1 I. —	1 —	2	*45·5*	*87·0*
Worsley	7,241	27,361	37,620	L. 294 I. 17	312 7	630	16·7	15·9	L. 6 I. —	3 —	9	*14·1*	195	175	370	9·8	12·9	L. 5 I. —	5 —	10	*15·9*	L. 5 I. —	3 —	8	*12·7*	L. 3 I. —	3 —	6	*9·5*	*23·5*
Total Urban Districts ...	379,587	1,748,745	1,843,000	L. 15,361 I. 582	14,207 578	30,728	16·67	16·84	L. 349 I. 19	331 19	718	22·8	11,810	11,777	23,587	12·80	14·08	L. 390 I. 21	305 15	731	23·8	L. 279 I. 12	206 11	508	16·5	L. 233 I. 11	174 8	426	13·9	36·4

L.—Legitimate. I.—Illegitimate.

TABLE 2—*continued*

Rural Districts	Area in statute acres at 31st Dec. 1959	Population at all ages: Census, 1951	Population at all ages: Est. Home, at 30th June, 1959	Births: Live Births: Number registered: M.	Births: Live Births: Number registered: F.	Births: Live Births: Number registered: Total	Births: Live Births: Live birthrate per 1,000 population: Crude rate	Births: Live Births: Live birthrate per 1,000 population: Adjusted rate	Births: Stillbirths: Number registered: M.	Births: Stillbirths: Number registered: F.	Births: Stillbirths: Number registered: Total	Births: Stillbirths: Stillbirth rate per 1,000 total births	Deaths: Number registered: M.	Deaths: Number registered: F.	Deaths: Number registered: Total	Deaths: Death rate per 1,000 population: Crude rate	Deaths: Death rate per 1,000 population: Adjusted rate	Infant Mortality: Deaths of infants under one year: M.	Infant Mortality: Deaths of infants under one year: F.	Infant Mortality: Deaths of infants under one year: Total	Infant Mortality: Deaths of infants under one year: Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: M.	Neo-Natal Mortality: Deaths of infants under four weeks: F.	Neo-Natal Mortality: Deaths of infants under four weeks: Total	Neo-Natal Mortality: Deaths of infants under four weeks: Rate per 1,000 live births	Early Neo-Natal Mortality: Deaths of infants under one week: M.	Early Neo-Natal Mortality: Deaths of infants under one week: F.	Early Neo-Natal Mortality: Deaths of infants under one week: Total	Early Neo-Natal Mortality: Deaths of infants under one week: Rate per 1,000 live births	Perinatal Mortality: Stillbirths and deaths of infants under one week per 1,000 total births
Blackburn	19,469	13,239	14,280	L. 80 I. 3	69 1	153	10·7	12·5	L. 2 I. —	— 1	3	*19·2*	108	73	181	12·7	11·9	L. 4 I. 1	— —	5	*32·7*	L. 3 I. 1	— —	4	*26·1*	L. 3 I. —	— —	3	*19·6*	*38·5*
Burnley	39,849	16,771	16,140	L. 115 I. 4	94 5	218	13·5	15·5	L. — I. 1	1 —	2	*9·1*	118	104	222	13·8	12·7	L. 4 I. —	2 —	6	*27·5*	L. 3 I. —	2 —	5	*22·9*	L. 3 I. —	2 —	5	*22·9*	*31·8*
Chorley	41,114	27,198	27,650	L. 233 I. 9	191 8	441	15·9	17·1	L. 8 I. —	6 1	15	*32·9*	195	157	352	12·7	14·3	L. 5 I. —	7 1	13	*29·5*	L. 4 I. —	4 1	9	*20·4*	L. 4 I. —	4 —	8	*18·1*	50·4
Clitheroe	32,170	8,668	9,390	L. 57 I. —	42 1	100	10·6	13·1	L. — I. —	— —	—	nil	52	47	99	10·5	9·2	L. 1 I. —	— —	1	*10*	L. 1 I. —	— —	1	*10*	L. 1 I. —	— —	1	*10*	*10*
Fylde	33,264	16,243	16,820	L. 149 I. 3	147 2	301	17·9	21·1	L. 2 I. 1	4 —	7	*22·7*	96	122	218	13·0	11·3	L. — I. 1	2 —	3	*10·0*	L. — I. 1	1 —	2	*6·6*	L. — I. 1	1 —	2	*6·6*	*29·2*
Garstang	57,491	12,713	13,650	L. 108 I. 4	102 1	215	15·8	17·0	L. 2 I. —	1 —	3	*13·8*	81	80	161	11·8	11·9	L. 3 I. —	— —	3	*14·0*	L. 1 I. —	— —	1	*4·7*	L. — I. —	— —	—	nil	*13·8*
Lancaster	53,212	12,055	13,280	L. 97 I. 3	95 1	196	14·8	15·3	L. 2 I. —	2 —	4	*20*	121	73	194	14·6	13·1	L. 4 I. —	4 —	8	*40·8*	L. 3 I. —	3 —	6	*30·6*	L. 2 I. —	2 —	4	*20·4*	*40*
Lunesdale	76,267	7,353	7,660	L. 64 I. 1	53 3	121	15·8	16·1	L. 2 I. —	1 —	3	*24·2*	61	53	114	14·9	14·3	L. 2 I. —	2 —	4	*33·1*	L. 2 I. —	1 —	3	*24·8*	L. 2 I. —	1 —	3	*24·8*	*48·4*
Preston	49,754	37,989	40,770	L. 311 I. 8	298 8	625	15·3	18·4	L. 5 I. —	3 1	9	*14·2*	318	272	590	14·5	11·3	L. 7 I. —	4 1	12	*19·2*	L. 5 I. —	4 1	10	*16*	L. 5 I. —	3 1	9	*14·4*	*28·4*
Ulverston	127,448	17,248	15,950	L. 92 I. 6	84 —	182	11·4	12·9	L. 2 I. —	2 —	4	*21·5*	108	122	230	14·4	12·8	L. 3 I. —	1 —	4	*22·0*	L. 2 I. —	1 —	3	*16·5*	L. 2 I. —	1 —	3	*16·5*	*37·6*
Warrington	22,350	36,745	32,130	L. 269 I. 8	219 9	505	15·7	15·2	L. 5 I. —	3 —	8	*15·6*	170	154	324	10·1	10·6	L. 4 I. —	3 —	7	*13·9*	L. 4 I. —	2 —	6	*11·9*	L. 3 I. —	2 —	5	*9·9*	*25·3*
West Lancashire	65,620	40,204	50,630	L. 489 I. 14	453 11	967	19·1	18·5	L. 6 I. 1	9 —	16	*16·3*	285	257	542	10·7	12·9	L. 13 I. —	12 —	25	*25·9*	L. 10 I. —	11 —	21	21·7	L. 9 I. —	9 —	18	*18·6*	34·6
Whiston	23,786	35,489	40,150	L. 369 I. 6	356 14	745	18·6	19·1	L. 12 I. —	10 —	22	28·7	204	177	381	9·5	10·4	L. 10 I. —	4 —	14	*18·8*	L. 8 I. —	2 —	10	*13·4*	L. 8 I. —	2 —	10	*13·4*	41·7
Wigan	11,696	8,216	9,500	L. 92 I. 2	90 1	185	19·5	18·9	L. 1 I. —	5 —	6	*31·4*	48	42	90	9·5	11·7	L. 4 I. —	4 —	8	*43·2*	L. 4 I. —	3 —	7	*37·8*	L. 4 I. —	2 —	6	*32·4*	*62·8*

L. — Legitimate. I. — Illegitimate.

TABLE 2—*continued*

Totals	Area in statute acres at 31st Dec. 1959	Population at all ages		Births									Deaths					Infant Mortality				Neo-Natal Mortality				Early Neo-Natal Mortality				Perinatal Mortality
				Live Births					Stillbirths				Number registered			Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week				
		Census, 1951	Est. Home, at 30th June, 1959	Number registered			Live birthrate per 1,000 population		Number registered			Still-birth rate per 1,000 total births																		Stillbirths and deaths of infants under one week per 1,000 total births
				M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total		M.	F.	Total	Crude rate	Ad-justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	
Total Rural Districts ...	653,491	290,131	308,000	L. 2,525 I. 71	2,293 65	4,954	16·08	17·21	L. 49 I. 3	47 3	102	20·2	1,965	1,733	3,698	12·01	12·01	L. 64 I. 2	45 2	113	22·8	L. 50 I. 2	34 2	88	17·8	L. 46 I. 1	29 1	77	15·5	35·4
Total Urban Districts ...	379,587	1,748,745	1,843,000	L. 15,361 I. 582	14,207 578	30,728	16·67	16·84	L.349 I. 19	331 19	718	22·8	11,810	11,777	23,587	12·80	14·08	L.390 I. 21	305 15	731	23·8	L.279 I. 12	206 11	508	16·5	L.233 I. 11	174 8	426	13·9	36·4
Total Administrative County	1,033,078	2,038,876	2,151,000	L. 17,886 I. 653	16,500 643	35,682	16·59	16·75	L.398 I. 22	378 22	820	22·5	13,775	13,510	27,285	12·68	13·83	L.454 I. 23	350 17	844	23·7	L.329 I. 14	240 13	596	16·7	L.279 I. 12	203 9	503	14·1	36·2

L. — Legitimate. I. — Illegitimate.

TABLE 3—Comparability Factors relative to each County District for use in the Adjustment of the Crude Birth and Death Rates, 1959

(For explanations see pages 18 and 20, and for adjusted rates, Table 2, page 160)

Urban Districts	Comparability Factor	
	Births	Deaths
Abram	0·95	1·35
Accrington (B)	1·05	0·99
Adlington	1·07	1·11
Ashton-in-Makerfield	0·97	1·20
Ashton-under-Lyne (B)	1·00	1·03
Aspull	0·98	1·29
Atherton	1·00	0·98
Audenshaw	1·03	1·11
Bacup (B)	1·01	1·10
Barrowford	1·12	0·91
Billinge & Winstanley	1·02	0·84
Blackrod	0·98	1·10
Brierfield	1·10	0·97
Carnforth	1·00	1·11
Chadderton	1·04	1·18
Chorley (B)	1·01	1·07
Church	1·00	1·06
Clayton-le-Moors	1·05	1·09
Clitheroe (B)	1·13	0·83
Colne (B)	1·07	0·98
Crompton	1·04	1·08
Crosby (B)	1·00	0·98
Dalton-in-Furness	1·02	1·04
Darwen (B)	1·08	0·98
Denton	1·01	1·26
Droylsden	1·01	1·41
Eccles (B)	1·00	0·86
Failsworth	0·98	1·23
Farnworth (B)	0·99	0·91
Fleetwood (B)	1·02	1·13
Formby	1·15	1·06
Fulwood	1·05	0·61
Golborne	0·91	1·38
Grange	1·46	0·53
Great Harwood	1·11	0·96
Haslingden (B)	1·07	0·99
Haydock	0·96	1·19
Heywood (B)	1·01	1·11
Hindley	1·00	1·22
Horwich	1·00	1·11
Huyton-with-Roby	0·99	1·77
Ince-in-Makerfield	0·96	1·41
Irlam	1·03	1·27
Kearsley	1·00	1·17
Kirkby	0·73	2·69
Kirkham	0·92	1·09
Lancaster (B)	1·08	0·76
Lees	1·10	1·04
Leigh (B)	0·99	1·24
Leyland	0·96	1·34
Litherland	0·94	1·45
Littleborough	1·00	1·10
Little Lever	1·05	1·17
Longridge	1·09	1·14
Lytham St. Annes (B)	1·15	0·71
Middleton (B)	0·88	1·48
Milnrow	1·01	1·04
Morecambe & Heysham (B)	1·22	0·77
Mossley (B)	1·03	1·09
Nelson (B)	1·08	0·96
Newton-le-Willows	0·98	1·15
Ormskirk	1·03	0·96
Orrell	0·97	1·24
Oswaldtwistle	1·06	0·99
Padiham	1·03	1·02
Poulton-le-Fylde	0·95	1·18
Preesall	1·27	0·67
Prescot	0·91	1·21
Prestwich (B)	1·13	0·82
Radcliffe (B)	1·05	1·09
Rainford	0·95	1·24
Ramsbottom	1·08	0·96
Rawtenstall (B)	1·06	0·96
Rishton	1·12	1·01
Royton	1·04	1·12
Skelmersdale	1·00	1·27
Standish-with-Langtree	1·06	1·10
Stretford (B)	0·95	1·20
Swinton & Pendlebury (B)	1·05	1·20
Thornton Cleveleys	1·08	0·88
Tottington	1·24	0·85
Trawden	1·15	0·94
Turton	1·02	1·00
Tyldesley	0·99	1·19
Ulverston	1·01	0·84
Up Holland	1·00	1·28
Urmston	1·00	1·20
Walton-le-Dale	1·00	1·22
Wardle	0·91	0·70
Westhoughton	1·04	1·14
Whitefield	1·04	1·15
Whitworth	1·01	1·11
Widnes (B)	0·95	1·41
Withnell	1·11	1·00
Worsley	0·95	1·31
Rural Districts		
Blackburn	1·17	0·94
Burnley	1·15	0·92
Chorley	1·07	1·12
Clitheroe	1·23	0·87
Fylde	1·18	0·87
Garstang	1·08	1·01
Lancaster	1·04	0·90
Lunesdale	1·02	0·96
Preston	1·20	0·78
Ulverston	1·13	0·89
Warrington	0·97	1·05
West Lancashire	0·97	1·21
Whiston	1·03	1·10
Wigan	0·97	1·24
Aggregate—Urban Districts	1·01	1·10
Aggregate—Rural Districts	1·07	1·00
Administrative County	1·01	1·09

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																			
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																							
Abram	57	1	—	—	—	—	—	—	—	—	1	1	—	—	3	—	—	5	8	1	7	5	3	1	6	1	—	1	—	—	1	1	11	—	—	—	—
Accrington (B)	593	2	—	—	—	—	—	—	—	—	15	25	4	4	50	—	5	111	110	15	73	24	6	22	40	2	2	3	3	4	—	7	38	5	17	5	1
Adlington	52	—	—	—	—	—	—	1	—	—	1	3	1	—	3	—	—	8	8	1	12	3	—	—	2	1	1	—	—	—	—	1	3	1	1	1	—
Ashton-in-Makerfield ...	240	—	—	1	—	—	—	—	—	—	4	6	5	4	17	2	2	26	35	8	33	10	1	13	19	4	1	3	1	1	—	3	30	3	6	1	1
Ashton-under-Lyne (B) ...	703	6	1	—	—	—	—	—	—	1	19	29	15	6	58	—	7	122	108	13	101	22	10	39	54	2	4	3	1	4	—	2	52	6	9	9	—
Aspull	71	1	—	—	—	—	—	—	—	—	2	1	1	—	7	—	2	13	11	1	11	4	—	4	3	1	—	—	—	—	1	—	4	2	2	—	—
Atherton	305	2	—	—	—	—	—	—	—	—	8	5	7	2	26	2	5	54	43	2	29	16	5	11	14	4	—	—	1	1	1	1	51	1	6	8	—
Audenshaw	146	1	—	—	—	—	1	—	—	—	2	12	4	1	16	1	—	28	23	4	15	4	—	6	8	1	1	2	1	—	—	—	10	1	4	—	—
Bacup (B)	247	1	—	—	—	—	—	—	—	—	9	13	2	3	10	2	4	43	31	2	40	12	1	7	13	4	4	3	1	2	1	3	21	5	7	3	—
Barrowford	82	—	—	—	—	—	—	—	—	—	—	4	2	1	9	—	3	19	17	—	10	1	1	2	2	—	—	—	—	1	—	—	4	—	1	5	—
Billinge and Winstanley ...	96	—	—	—	—	—	—	—	—	1	2	1	—	2	7	—	—	23	14	1	13	3	—	3	7	1	1	—	—	—	—	1	14	—	1	1	—
Blackrod	30	—	—	1	—	—	—	—	—	—	1	—	2	—	3	—	—	4	3	2	2	2	1	—	4	—	1	1	—	—	—	—	2	1	—	—	—
Brierfield	101	—	1	—	—	—	—	—	—	—	3	4	1	1	6	—	—	15	14	4	18	2	4	3	2	—	—	1	2	—	—	1	11	1	5	2	—
Carnforth	31	—	—	—	—	—	—	—	—	—	3	1	2	—	2	—	—	4	5	—	1	5	—	1	—	—	—	—	1	—	—	—	4	—	2	—	—
Chadderton	420	2	—	—	—	—	—	—	—	—	18	11	5	2	41	1	2	64	56	5	67	23	8	20	37	1	3	1	5	3	—	7	20	1	10	6	1
Chorley (B)	457	3	—	1	—	—	—	—	—	—	10	17	4	4	45	—	1	71	59	10	89	21	8	18	34	1	3	1	4	1	—	4	24	6	12	6	—
Church	64	—	—	—	—	—	—	—	—	—	1	5	1	—	7	1	—	13	12	1	10	1	—	3	4	1	—	—	—	—	—	—	—	1	1	2	—
Clayton-le-Moors	85	—	—	—	—	—	—	—	—	—	2	5	—	1	7	—	—	10	15	1	12	3	1	5	6	1	—	1	—	1	—	1	5	3	3	2	—
Clitheroe (B)	210	—	—	—	—	—	—	—	—	2	5	4	1	1	21	—	—	42	43	5	16	9	11	7	10	3	5	1	1	3	—	1	10	3	4	2	—
Colne (B)	296	1	—	—	—	—	—	—	—	—	13	9	4	4	31	4	1	55	39	3	46	8	1	11	16	5	2	—	2	3	—	—	17	2	15	4	—
Crompton	172	2	—	—	—	—	—	—	—	1	7	4	2	1	6	—	2	30	23	7	25	8	13	7	8	3	1	—	—	2	—	1	11	3	3	2	—
Crosby (B)	789	5	1	—	—	—	—	—	—	1	24	33	12	6	72	3	5	116	125	17	113	25	13	40	62	3	8	3	2	4	1	5	61	3	14	12	—
Dalton-in-Furness	139	—	—	1	—	—	—	—	—	—	2	4	2	1	16	—	2	17	19	—	23	4	1	5	10	3	—	—	1	1	—	3	18	1	4	1	—
Darwen (B)	472	2	—	2	—	—	—	—	—	—	17	16	8	3	32	1	1	80	81	13	55	14	12	23	41	3	6	2	6	6	—	3	24	4	15	2	—

TABLE 4—*continued*

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm: Stomach	Malignant neoplasm: Lung, bronchus	Malignant neoplasm: Breast	Malignant neoplasm: Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Denton	299	—	—	2	—	—	—	—	—	1	8	15	3	1	31	2	2	42	41	1	45	8	7	21	23	2	1	—	—	—	—	2	20	5	7	9	—
Droylsden	256	1	—	—	—	—	1	—	—	1	6	13	4	6	28	2	1	40	33	6	36	7	3	8	18	4	5	1	3	—	—	4	22	1	2	—	—
Eccles (B)	697	2	—	1	—	—	—	—	—	3	21	32	9	7	39	4	5	110	96	18	115	43	6	18	55	3	10	3	1	5	—	3	58	8	17	5	—
Failsworth	223	2	1	—	—	—	—	—	—	—	10	7	5	2	19	2	2	35	30	3	16	18	3	16	12	5	4	2	1	—	—	2	12	2	8	4	—
Farnworth (B)	389	3	—	—	—	—	—	—	—	—	15	18	2	1	27	2	3	61	53	8	45	17	7	33	26	3	2	2	1	1	—	4	31	5	14	4	1
Fleetwood (B)	368	3	—	2	—	—	1	—	—	1	10	15	3	2	22	2	7	49	54	8	72	20	12	8	27	5	1	2	2	—	2	3	22	4	7	2	—
Formby	118	1	1	—	—	—	—	—	—	—	2	3	3	1	4	—	—	22	25	—	12	2	—	8	9	—	—	—	1	3	—	3	11	1	6	—	—
Fulwood	304	1	—	1	—	—	—	—	—	1	5	2	4	2	13	—	—	50	42	3	86	11	7	11	13	—	6	1	1	1	—	2	30	1	9	1	—
Golborne	216	1	—	2	—	—	—	—	—	1	7	9	3	2	10	2	1	30	35	4	33	6	1	12	12	5	1	—	2	1	1	6	15	4	7	3	—
Grange	60	—	—	—	—	—	—	—	—	—	—	1	1	—	4	—	1	19	7	3	9	—	—	2	1	1	2	—	—	1	—	1	5	—	—	2	—
Great Harwood	156	—	—	—	—	—	—	—	—	—	6	5	1	2	12	1	3	27	34	3	29	5	—	3	7	—	—	—	2	1	—	2	8	1	2	2	—
Haslingden (B)	204	2	—	—	—	—	—	—	—	—	9	5	5	1	7	2	3	34	34	6	35	6	—	9	8	3	1	1	1	—	1	—	20	2	7	2	—
Haydock	132	—	—	—	—	—	—	—	—	—	1	1	1	1	10	1	1	28	15	—	26	4	5	5	6	1	—	—	—	2	—	3	14	1	4	2	—
Heywood (B)	349	5	—	1	—	—	—	—	—	—	8	10	3	1	27	3	—	51	62	5	54	19	7	13	26	1	1	—	2	2	—	2	34	5	5	2	—
Hindley	217	1	—	—	—	—	1	—	—	—	7	5	2	—	15	—	2	40	32	7	32	14	4	10	17	2	3	—	2	3	—	—	8	—	9	1	—
Horwich	185	3	—	—	—	—	—	—	—	1	10	5	4	—	16	1	4	26	29	2	36	2	3	8	9	1	1	1	—	—	—	3	9	7	3	1	—
Huyton-with-Roby	434	6	2	—	—	—	—	—	—	1	17	22	4	—	41	3	5	61	63	8	32	13	2	27	26	5	4	1	4	2	2	8	50	5	13	7	—
Ince-in-Makerfield	223	1	—	—	—	—	—	—	—	—	7	4	4	3	13	1	6	25	39	5	27	6	2	15	24	5	—	2	6	—	—	1	15	2	6	4	—
Irlam	153	—	—	—	—	—	—	—	—	1	—	7	3	2	12	—	3	24	37	5	13	7	1	2	7	2	2	—	2	—	—	2	12	2	4	3	—
Kearsley	127	2	—	—	—	—	—	—	—	—	5	8	4	—	6	2	1	25	20	1	17	5	1	7	6	1	—	—	2	1	1	—	6	2	3	—	1
Kirkby	206	5	—	—	—	—	3	—	1	—	4	5	2	2	11	1	—	18	27	3	7	7	1	21	11	2	1	1	2	1	—	10	36	8	10	5	1
Kirkham	57	—	—	—	—	—	—	—	—	—	1	—	2	1	6	—	1	1	10	2	4	5	2	2	2	1	—	—	1	2	—	1	10	2	1	—	—
Lancaster (B)	833	9	—	4	—	—	—	—	—	1	20	21	11	7	53	2	2	144	169	24	105	37	17	49	30	8	5	3	6	6	—	3	68	11	13	5	—
Lees	65	—	—	—	—	—	—	—	—	—	1	1	—	1	7	—	—	14	9	—	9	6	—	2	8	—	1	—	—	1	—	2	1	—	2	—	—
Leigh (B)	[illegible]	6	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2	17	12	5	6	52	1	5	105	107	10	62	27	8	14	40	9	2	2	10	7	[illegible]	6	85	2	21	6	1

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																						
Leyland	207	—	—	1	—	—	—	—	—	—	9	10	4	3	15	1	—	35	32	4	31	4	2	1	9	3	1	2	2	1	—	1	26	2	4	4	—
Litherland	254	—	—	—	—	—	—	—	—	1	9	6	5	2	21	1	—	33	46	3	22	10	3	25	19	4	3	1	1	1	—	1	25	2	7	3	—
Littleborough	150	—	1	1	—	—	—	—	—	—	4	3	4	1	8	1	2	18	19	2	31	8	1	8	10	1	1	—	1	1	—	1	14	3	4	2	—
Little Lever	72	—	—	—	—	—	—	—	—	—	2	3	—	1	7	1	—	9	15	—	8	7	1	2	5	—	—	—	—	1	—	2	4	—	4	—	—
Longridge	62	1	—	—	—	—	—	—	—	—	1	1	3	—	3	—	1	9	12	1	14	2	1	3	1	—	1	—	—	—	—	1	6	—	—	1	—
Lytham St. Annes (B) ...	572	3	1	—	—	—	—	—	—	—	18	15	11	1	54	1	1	93	104	13	84	40	12	22	21	—	4	—	2	4	—	1	48	3	6	10	—
Middleton (B)	495	3	—	—	—	—	1	—	1	1	12	21	6	4	43	3	3	80	89	9	67	22	4	17	33	1	2	2	5	—	—	8	38	4	8	7	1
Milnrow	126	1	—	—	—	—	—	—	—	—	2	4	1	—	14	—	—	16	16	3	33	5	—	5	8	2	3	—	1	1	—	—	6	2	3	—	—
Morecambe & Heysham (B)...	638	4	—	1	—	—	—	—	—	—	18	21	10	5	47	1	6	122	131	14	70	31	7	16	42	4	8	3	3	10	2	3	44	4	9	2	—
Mossley (B)	140	—	—	—	—	—	—	—	—	—	3	5	—	2	11	1	1	23	19	6	16	5	5	10	13	2	2	—	1	1	—	—	10	—	2	1	1
Nelson (B)	526	1	1	1	—	—	—	—	—	—	23	16	6	4	45	4	5	92	104	8	66	21	3	11	21	3	7	3	4	5	—	2	44	5	15	6	—
Newton-le-Willows	226	2	—	—	—	—	—	—	—	—	9	10	8	—	15	2	1	27	24	5	44	10	3	11	8	2	5	1	1	3	—	2	17	4	8	4	—
Ormskirk	273	1	—	—	—	—	—	—	—	1	6	10	3	2	20	—	—	53	39	3	27	12	5	21	13	1	1	1	4	4	—	4	30	4	5	3	—
Orrell	108	2	—	—	—	—	—	—	—	—	2	2	1	1	12	—	—	22	19	1	19	1	4	2	6	3	—	1	—	—	—	—	8	—	2	—	—
Oswaldtwistle	181	—	—	—	—	—	—	—	—	—	8	5	8	1	12	1	1	33	32	4	18	10	2	6	7	1	4	—	1	3	—	—	19	1	2	2	—
Padiham	155	—	—	—	—	—	—	—	—	1	1	5	2	2	12	—	—	21	32	4	25	8	2	2	13	1	—	—	2	—	—	—	12	1	4	5	—
Poulton-le-Fylde	145	1	1	—	—	—	—	—	—	—	6	5	1	1	8	—	2	36	31	2	10	9	5	1	4	—	—	1	—	2	—	1	12	2	—	4	—
Preesall	48	—	—	—	—	—	—	—	—	—	2	2	—	1	2	—	—	11	6	—	7	4	1	3	2	1	1	—	—	1	—	—	4	—	—	—	—
Prescot	151	—	—	—	—	—	—	—	—	—	3	7	1	1	8	—	—	33	19	4	9	7	3	10	9	3	—	3	4	2	—	3	14	1	6	1	—
Prestwich (B)	551	6	—	8	—	—	—	—	—	—	7	27	5	6	44	2	3	80	92	13	114	16	7	16	33	6	7	—	2	5	—	2	33	4	10	3	—
Radcliffe (B)	386	4	—	—	—	—	—	—	—	1	10	15	5	3	19	1	3	52	56	4	73	25	13	11	27	1	4	1	4	4	—	3	29	5	9	4	—
Rainford	44	—	—	—	—	—	—	—	—	—	—	1	—	1	3	—	1	7	5	—	10	—	1	3	4	—	—	—	2	—	—	—	5	—	1	—	—
Ramsbottom	198	1	—	—	—	—	—	—	—	1	4	5	2	2	14	2	—	33	32	12	25	8	3	10	11	1	1	—	—	3	—	1	16	4	4	3	—
Rawtenstall (B)	418	3	—	1	—	—	—	—	—	2	8	11	5	1	29	—	2	60	64	13	84	11	—	15	28	3	4	3	3	7	—	2	37	3	13	5	1

TABLE 4—*continued*

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																			
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm: Stomach	Malignant neoplasm: Lung, bronchus	Malignant neoplasm: Breast	Malignant neoplasm: Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Rishton	66	1	—	—	—	—	—	—	—	—	3	—	2	—	4	—	1	10	8	3	5	3	1	4	7	—	—	—	—	—	—	—	9	3	1	1	—
Royton	200	2	—	—	—	—	—	—	—	—	8	3	1	1	15	1	1	26	26	4	38	6	5	10	14	3	1	—	3	1	—	1	22	3	4	1	—
Skelmersdale	79	—	—	—	—	—	—	—	—	—	5	1	1	—	7	—	3	10	6	4	17	1	1	7	3	2	—	—	—	2	—	2	5	1	1	—	—
Standish-with-Langtree ...	118	1	—	—	—	—	—	—	—	—	2	3	1	—	8	—	1	24	11	—	23	3	4	—	9	2	—	2	2	1	—	—	13	3	4	1	—
Stretford (B)	708	8	1	1	—	—	—	—	1	1	15	26	18	7	75	3	3	108	99	10	86	40	6	46	42	5	4	1	6	2	2	7	53	11	15	4	2
Swinton & Pendlebury (B) ...	488	3	—	2	—	—	—	—	—	—	11	13	9	4	43	—	4	94	87	8	64	21	5	12	34	4	4	4	5	2	1	5	19	9	15	6	—
Thornton Cleveleys	314	1	—	—	—	—	—	—	—	—	6	13	4	1	25	4	3	47	45	7	59	17	5	7	11	3	2	2	3	2	—	1	29	4	8	4	1
Tottington	93	—	—	—	—	—	—	—	—	—	2	—	—	1	6	—	1	10	16	1	24	6	—	3	9	—	—	—	1	—	—	—	11	—	1	1	—
Trawden	34	—	—	—	—	—	—	—	—	—	—	2	1	—	5	—	—	10	2	—	6	1	—	—	1	—	—	—	—	—	—	—	4	—	2	—	—
Turton	151	1	—	—	—	—	—	—	—	—	8	2	2	2	11	1	2	27	10	4	19	8	2	7	9	3	1	—	—	1	—	—	17	3	8	3	—
Tyldesley	218	2	—	—	—	—	—	—	—	—	11	4	5	3	12	—	1	35	41	2	21	15	1	8	16	7	—	—	1	2	—	4	14	2	5	6	—
Ulverston	158	—	—	—	—	—	—	—	—	—	4	2	2	1	11	—	1	32	34	—	15	11	2	7	3	—	3	—	1	3	—	—	22	1	2	1	—
Up Holland	57	—	—	—	—	—	—	—	—	—	—	1	1	1	6	—	—	7	11	1	12	2	—	5	1	1	—	2	—	—	—	1	3	2	—	—	—
Urmston	447	2	—	1	—	—	—	—	—	1	17	21	8	5	26	3	2	60	82	10	71	22	4	18	25	1	2	2	3	2	—	2	39	8	6	3	1
Walton-le-Dale	182	1	—	—	—	—	—	—	—	1	4	8	6	2	7	2	2	27	25	3	35	6	3	5	11	—	2	1	2	2	—	4	14	2	3	4	—
Wardle	59	—	—	—	—	—	—	—	—	—	1	4	1	—	6	—	—	10	8	1	11	1	2	2	2	—	—	—	—	—	—	1	4	2	2	1	—
Westhoughton	178	—	—	1	—	—	—	—	—	—	6	5	—	1	15	1	1	22	32	7	27	9	4	8	8	2	2	2	3	—	—	1	16	2	2	1	—
Whitefield	167	—	—	1	—	—	—	—	—	—	2	4	2	—	9	1	—	31	29	3	29	8	6	9	9	2	—	—	—	—	—	1	15	3	2	1	—
Whitworth	101	1	—	—	—	—	—	—	—	1	7	2	1	4	4	1	1	17	17	2	21	3	1	3	3	2	1	—	—	—	—	—	3	1	1	3	1
Widnes (B)	470	2	—	1	—	—	1	—	—	—	15	15	6	5	40	1	2	73	66	8	54	32	3	23	33	6	3	2	4	4	—	5	42	6	12	5	1
Withnell	50	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	1	13	3	—	10	3	—	2	3	—	1	—	1	—	—	1	7	1	—	—	—
Worsley	370	5	—	2	—	—	—	—	1	1	7	9	8	—	27	1	1	44	67	11	60	16	6	8	33	11	1	—	2	1	—	3	26	8	10	1	—
Total Urban Districts ...	23,587	146	12	42	—	—	9	1	4	34	668	789	341	181	1811	92	163	3789	3768	477	3393	1034	348	1000	1458	211	182	88	166	161	17	195	1915	263	552	261	16

TABLE 4—*continued*

RURAL DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																						
Blackburn	181	—	—	1	—	—	—	—	—	1	2	7	2	1	11	1	—	31	24	3	22	6	2	10	9	2	1	1	1	2	—	3	32	2	4	—	—
Burnley	222	—	—	1	—	—	—	—	—	—	4	6	3	2	18	1	2	38	38	4	30	7	1	4	9	—	3	1	2	2	—	2	25	6	11	2	—
Chorley	352	2	1	—	—	—	—	—	—	—	11	12	8	2	25	—	2	73	51	4	59	12	8	8	13	6	1	1	3	1	—	4	23	6	10	6	—
Clitheroe	99	—	—	—	—	—	—	—	—	1	3	—	1	—	5	2	1	12	20	4	6	1	4	9	7	—	—	1	2	—	—	—	16	2	2	—	—
Fylde	218	—	—	—	—	—	—	—	—	—	7	5	—	2	6	1	—	34	29	2	26	32	5	5	8	1	—	—	1	1	—	2	43	5	3	—	—
Garstang	161	—	—	—	—	—	—	—	—	—	7	2	3	1	10	2	—	27	30	2	27	5	4	5	3	1	1	1	—	1	—	1	17	3	4	4	—
Lancaster	194	—	—	—	—	—	—	—	1	—	4	9	4	—	13	—	—	43	43	1	26	7	—	5	9	3	1	—	1	1	—	1	15	2	4	1	—
Lunesdale	114	1	—	—	—	—	—	—	—	—	4	1	1	—	10	—	1	15	24	4	20	5	—	6	6	—	1	1	—	—	—	3	8	1	1	1	—
Preston	590	2	—	1	—	—	—	—	—	2	17	13	11	1	44	—	6	82	84	23	105	22	20	33	22	5	6	4	4	3	—	4	48	9	17	2	—
Ulverston	230	1	—	—	—	—	—	—	—	2	5	2	4	3	22	1	1	44	44	4	32	11	1	6	7	1	4	2	3	—	—	1	17	6	6	—	—
Warrington	324	3	—	1	—	—	—	—	—	—	14	14	8	3	31	2	2	24	57	5	69	9	2	13	11	2	—	—	4	2	—	1	22	3	17	5	—
West Lancashire	542	3	—	2	—	—	—	—	—	—	11	21	9	3	39	6	3	72	106	10	61	24	10	28	22	7	3	2	7	3	—	3	64	4	14	5	—
Whiston	381	5	—	1	—	—	1	1	—	2	8	10	4	6	33	3	1	51	56	9	38	23	12	24	19	2	4	2	3	6	2	5	29	3	15	3	—
Wigan	90	—	—	—	—	—	—	—	—	—	1	1	3	—	12	—	—	10	19	—	15	—	7	3	4	3	—	—	—	—	—	1	9	—	2	—	—
Total Rural Districts ...	3,698	17	1	7	—	—	1	1	1	8	98	103	61	24	279	19	19	556	625	75	536	164	76	159	149	33	25	16	31	22	2	31	368	52	110	29	—
Total Urban Districts ...	23,587	146	12	42	—	—	9	1	4	34	668	789	341	181	1811	92	163	3789	3768	477	3393	1034	348	1000	1458	211	182	88	166	161	17	195	1915	263	552	261	16
Administrative County ...	27,285	163	13	49	—	—	10	2	5	42	766	892	402	205	2090	111	182	4345	4393	552	3929	1198	424	1159	1607	244	207	104	197	183	19	226	2283	315	662	290	16

TABLE 5—CAUSES OF DEATH at different periods of life

Year ended 31st December, 1959

CAUSES OF DEATH	Col.	Sex	Administrative County									Aggregate of Urban Districts									Aggregate of Rural Districts							
			Years									Years									Years							
			All Ages	0–	1–	5–	15–	25–	45–	65–	75–	All Ages	0–	1–	5–	15–	25–	45–	65–	75–	All Ages	0–	1–	5–	15–	25–	45–	65–
ALL CAUSES		M.	13775	477	71	75	165	545	4033	4019	4390	11810	411	60	60	139	467	3453	3482	3738	1965	66	11	15	26	78	580	537
		F.	13510	367	54	60	72	415	2544	3676	6322	11777	320	48	50	57	365	2221	3204	5512	1733	47	6	10	15	50	323	472
Tuberculosis, respiratory ...	1	M.	128	—	—	—	—	14	70	30	14	115	—	—	—	—	14	61	27	13	13	—	—	—	—	—	9	3
		F.	35	—	—	—	2	13	10	7	3	31	—	—	—	1	12	9	7	2	4	—	—	—	1	1	1	—
Tuberculosis, other ...	2	M.	5	—	—	—	—	1	3	—	1	5	—	—	—	—	1	3	—	1	—	—	—	—	—	—	—	—
		F.	8	—	—	1	—	2	1	4	—	7	—	—	1	—	1	1	4	—	1	—	—	—	—	1	—	—
Syphilitic disease	3	M.	36	—	—	—	1	3	13	15	4	29	—	—	—	—	3	12	10	4	7	—	—	—	1	—	1	5
		F.	13	—	—	—	—	—	7	5	1	13	—	—	—	—	—	7	5	1	—	—	—	—	—	—	—	—
Diphtheria	4	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	5	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	6	M.	7	4	3	—	—	—	—	—	—	6	3	3	—	—	—	—	—	—	1	1	—	—	—	—	—	—
		F.	3	1	2	—	—	—	—	—	—	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	7	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F.	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Measles	8	M.	3	1	1	1	—	—	—	—	—	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
		F.	2	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Other infective and parasitic diseases ...	9	M.	26	3	3	—	1	8	6	3	2	19	3	1	—	1	6	3	3	2	7	—	2	—	—	2	3	—
		F.	16	1	1	1	—	2	8	—	3	15	1	1	1	—	2	7	—	3	1	—	—	—	—	—	1	—
Malignant neoplasm, stomach	10	M.	424	—	—	—	—	8	171	139	106	365	—	—	—	—	7	147	121	90	59	—	—	—	—	1	24	18
		F.	342	—	—	—	—	8	98	113	123	303	—	—	—	—	6	89	99	109	39	—	—	—	—	2	9	14
lung, bronchus	11	M.	780	—	—	—	1	36	423	254	66	683	—	—	—	—	31	377	219	56	97	—	—	—	1	5	46	35
		F.	112	—	1	—	—	6	52	33	20	106	—	1	—	—	5	52	30	18	6	—	—	—	—	1	—	3
breast	12	M.	3	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—
		F.	399	—	—	—	—	28	189	110	72	338	—	—	—	—	24	157	90	67	61	—	—	—	—	4	32	20
uterus	13	F.	205	—	1	—	—	24	75	64	41	181	—	1	—	—	23	71	53	33	24	—	—	—	—	1	4	11
Other malignant and lymphatic neoplasms ...	14	M.	1082	—	2	6	15	54	323	352	330	920	—	2	5	14	43	274	306	276	162	—	—	1	1	11	49	46
		F.	1008	1	2	8	8	40	369	267	313	891	1	2	5	7	37	326	237	276	117	—	—	3	1	3	43	30
Leukaemia, aleukaemia ...	15	M.	52	1	1	6	3	7	20	9	5	43	1	1	4	2	5	19	7	4	9	—	—	2	1	2	1	2
		F.	59	—	1	6	6	4	25	9	8	49	—	1	5	5	4	20	7	7	10	—	—	1	1	—	5	2
Diabetes	16	M.	51	—	—	—	—	2	11	16	22	46	—	—	—	—	2	9	14	21	5	—	—	—	—	—	2	2
		F.	131	—	—	1	1	3	29	59	38	117	—	—	1	1	3	27	50	35	14	—	—	—	—	—	2	9
Vascular lesions of nervous system	17	M.	1829	2	—	1	2	29	363	598	834	1584	1	—	1	2	26	314	529	711	245	1	—	—	—	3	49	69
		F.	2516	1	—	—	2	34	369	800	1310	2205	1	—	—	2	31	330	700	1141	311	—	—	—	—	3	39	100
Coronary disease, angina ...	18	M.	2742	—	—	—	1	85	1115	928	613	2318	—	—	—	1	73	952	796	496	424	—	—	—	—	12	163	132
		F.	1651	—	—	—	1	14	359	619	658	1450	—	—	—	1	14	322	543	570	201	—	—	—	—	—	37	76
Hypertension with heart disease	19	M.	238	—	—	—	—	1	71	83	83	206	—	—	—	—	1	63	71	71	32	—	—	—	—	—	8	12
		F.	314	—	—	—	—	3	37	108	166	271	—	—	—	—	3	28	96	144	43	—	—	—	—	—	9	12
Other heart disease ...	20	M.	1538	2	—	—	4	40	226	408	858	1316	2	—	—	3	37	185	346	743	222	—	—	—	1	3	41	62
		F.	2391	—	—	1	3	46	248	500	1593	2077	—	—	1	2	39	214	430	1391	314	—	—	—	1	7	34	70
Other circulatory disease ...	21	M.	530	—	—	2	2	14	113	134	265	456	—	—	2	2	13	100	115	224	74	—	—	—	—	1	13	19
		F.	668	—	—	1	2	7	74	168	416	578	—	—	1	2	5	58	151	361	90	—	—	—	—	2	16	17
Influenza	22	M.	196	—	—	2	2	5	58	70	59	159	—	—	2	2	5	39	61	50	37	—	—	—	—	—	19	9
		F.	228	1	2	2	2	11	41	65	104	189	1	2	1	2	9	29	52	93	39	—	—	1	—	2	12	13
Pneumonia	23	M.	589	69	14	2	7	13	134	139	211	500	62	12	1	5	12	105	119	184	89	7	2	1	2	1	29	20
		F.	570	57	10	5	4	9	67	142	276	500	54	9	4	3	9	57	123	241	70	3	1	1	1	—	10	19
Bronchitis	24	M.	1070	9	3	1	1	7	355	401	293	958	6	3	—	1	7	324	358	259	112	3	—	1	—	—	31	43
		F.	537	3	—	—	—	12	102	172	248	500	3	—	—	—	12	96	159	230	37	—	—	—	—	—	6	13
Other diseases of respiratory system ...	25	M.	170	2	2	3	1	6	70	52	34	145	2	2	2	—	6	62	41	30	25	—	—	1	1	—	8	11
		F.	74	1	2	—	2	5	26	11	27	66	1	2	—	1	5	23	10	24	8	—	—	—	1	—	3	1
Ulcer of stomach and duodenum	26	M.	145	1	—	—	1	6	53	52	32	129	1	—	—	1	6	47	47	27	16	—	—	—	—	—	6	5
		F.	62	—	—	—	—	1	12	17	32	53	—	—	—	—	1	8	15	29	9	—	—	—	—	—	4	2
Gastritis, enteritis and diarrhoea	27	M.	50	13	1	1	3	3	7	14	8	44	13	1	1	3	3	6	10	7	6	—	—	—	—	—	1	4
		F.	54	6	2	1	—	3	11	13	18	44	6	2	1	—	2	7	12	14	10	—	—	—	—	1	4	1
Nephritis and nephrosis ...	28	M.	100	—	—	1	6	11	40	24	18	85	—	—	—	5	10	34	20	16	15	—	—	1	1	1	6	4
		F.	97	1	—	1	3	15	24	22	31	81	1	—	—	2	13	20	20	25	16	—	—	1	1	2	4	2
Hyperplasia of prostate ...	29	M.	183	—	—	—	—	—	16	51	116	161	—	—	—	—	—	13	47	101	22	—	—	—	—	—	3	4
Pregnancy, childbirth, abortion	30	F.	19	—	—	—	4	15	—	—	—	17	—	—	—	4	13	—	—	—	2	—	—	—	—	2	—	—
Congenital malformations ...	31	M.	103	79	6	3	—	5	6	2	2	86	65	5	2	—	4	6	2	2	17	14	1	1	—	1	—	—
		F.	123	85	7	4	5	6	8	4	4	109	75	7	4	5	5	6	3	4	14	10	—	—	—	1	2	1
Other defined and ill-defined diseases ...	32	M.	969	278	11	12	22	51	165	146	284	801	238	10	11	16	37	135	121	233	168	40	1	1	6	14	30	25
		F.	1314	198	9	11	7	60	203	240	586	1114	164	7	10	4	53	173	206	497	200	34	2	1	3	7	30	34
Motor vehicle accidents ...	33	M.	214	—	13	9	62	35	45	24	26	182	—	9	7	53	31	36	21	25	32	—	4	2	9	4	9	3
		F.	101	—	4	11	10	10	26	26	14	81	—	4	10	7	7	17	23	13	20	—	—	1	3	3	9	3
All other accidents	34	M.	332	12	11	25	21	65	75	40	83	278	12	10	21	19	52	56	37	71	54	—	1	4	2	13	19	3
		F.	330	9	6	6	3	12	23	64	207	274	9	5	5	2	8	21	49	175	56	—	1	1	1	4	2	15
Suicide	35	M.	170	—	—	—	7	35	76	33	19	155	—	—	—	7	31	66	32	19	15	—	—	—	—	4	10	1
		F.	120	—	—	—	6	21	50	33	10	106	—	—	—	5	18	45	29	9	14	—	—	—	1	3	5	4
Homicide and operations of war	36	M.	10	1	—	—	2	1	5	1	—	10	1	—	—	2	1	5	1	—	—	—	—	—	—	—	—	—
		F.	6	1	1	—	1	1	1	1	—	6	1	1	—	1	1	1	1	—	—	—	—	—	—	—	—	—

TABLE 6—Analysis by Age-group, Sex and Site Classification of the Notifications of Tuberculosis Received During 1959

Site of tubercular infection	0—			1—			5—			10—			15—			20—			25—			35—			45—			55—			65—			TOTAL		
	M.	F.	Both Sexes	M.	F.	Both Sexes	M	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes
Respiratory system—																																				
Primary notifications ...	2	—	2	12	12	24	8	11	19	12	8	20	34	64	98	44	60	104	96	105	201	104	80	184	126	40	166	105	19	124	55	19	74	598	418	1016
Inward transfers ...	—	—	—	7	3	10	11	10	21	6	5	11	7	12	19	34	64	98	73	107	180	31	28	59	33	21	54	27	2	29	6	5	11	235	257	492
Total ...	2	—	2	19	15	34	19	21	40	18	13	31	41	76	117	78	124	202	169	212	381	135	108	243	159	61	220	132	21	153	61	24	85	833	675	1508
Meninges and C.N.S.—																																				
Primary notifications ...	—	—	—	1	—	1	—	—	—	2	—	2	—	1	1	1	—	1	2	—	2	1	—	1	—	—	—	1	—	1	—	—	—	8	1	9
Inward transfers ...	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Total ...	—	—	—	1	1	2	—	—	—	2	1	3	—	1	1	1	1	2	2	—	2	1	—	1	—	—	—	1	—	1	—	—	—	8	4	12
Intestines, peritoneum and mesenteric glands—																																				
Primary notifications ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	1	3	4
Inward transfers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	1	3	4
Bones and joints—																																				
Primary notifications ...	—	1	1	3	1	4	1	—	1	2	2	4	3	1	4	2	2	4	4	3	7	1	1	2	6	3	9	1	1	2	1	2	3	24	17	41
Inward transfers ...	—	—	—	1	—	1	—	2	2	—	—	—	—	—	—	2	1	3	—	1	1	—	—	—	1	—	1	1	1	2	—	1	1	5	6	11
Total ...	—	1	1	4	1	5	1	2	3	2	2	4	3	1	4	4	3	7	4	4	8	1	1	2	7	3	10	2	2	4	1	3	4	29	23	52
Skin and subcutaneous cellular tissue—																																				
Primary notifications ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—	1	1	2
Inward transfers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—	1	1	2
ymphatic system—																																				
Primary notifications ...	—	—	—	2	3	5	1	4	5	2	3	5	1	1	2	2	—	2	—	2	2	—	3	3	—	2	2	1	1	2	2	2	4	11	21	32
Inward transfers ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	1	1	2	1	1	2	—	1	1	—	—	—	1	—	1	3	5	8
Total ...	—	—	—	2	3	5	1	5	6	2	3	5	1	1	2	2	1	3	1	3	4	1	4	5	—	3	3	1	1	2	3	2	5	14	26	40
Genito-urinary system—																																				
Primary notifications ...	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	1	2	3	3	—	3	3	3	6	4	—	4	1	—	1	1	—	1	14	7	21
Inward transfers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2	—	—	—	1	—	1	—	—	—	—	—	—	2	2	4
Total ...	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	2	2	4	3	2	5	3	3	6	5	—	5	1	—	1	1	—	1	16	9	25
All other sites—																																				
Primary notifications ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1
Inward transfers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1

	Sex	RESPIRATORY TUBERCULOSIS — Age Group—Years												Total M. & F.	NON-RESPIRATORY TUBERCULOSIS — Age Group—Years											Total M. & F.	Total All Forms
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages	
Primary notifications ...	M.	2	12	8	12	34	44	96	104	126	105	55	598	1016	—	6	2	6	5	6	9	6	10	6	4	60	110	1126
	F.	—	12	11	8	64	60	105	80	40	19	19	418		1	4	4	6	5	5	5	8	6	2	4	50		
Inward transfers ...	M.	—	7	11	6	7	34	73	31	33	27	6	235	492	—	1	—	—	—	3	1	1	2	1	1	10	26	518
	F.	—	3	10	5	12	64	107	28	21	2	5	257		—	1	3	1	—	3	4	1	1	1	1	16		
Total	M.	2	19	19	18	41	78	169	135	159	132	61	833	1508	—	7	2	6	5	9	10	7	12	7	5	70	136	1644
	F.	—	15	21	13	76	124	212	108	61	21	24	675		1	5	7	7	5	8	9	9	7	3	5	66		

TABLE 7—ANTENATAL CLINICS

SUMMARY, BY HEALTH DIVISIONS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1959

Health Division No.	No. of clinics at 31st December, 1959	No. of sessions during year conducted by—		ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES		RELAXATION CLASSES			
		Medical officers	Midwives	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
1	2	96	4	601	2,172	21·7	3·6	214	242	2	45	92	322
2	2	47	1	75	244	5·1	3·3	7	8	3	97	241	924
3	4	104	71	741	3,434	19·6	4·6	292	321	3	59	101	336
4	4	178	53	1,736	6,218	26·9	3·6	192	192	1	42	52	255
5	7	455	55	1,688	7,868	15·4	4·7	167	216	3	223	459	2,845
6	4	45	150	538	2,507	12·9	4·7	—	—	2	97	177	965
7	3	153	—	368	1,456	9·5	4·0	48	48	2	81	79	670
8	7	193	—	1,243	6,000	31·1	4·8	107	140	1	48	21	161
9	7	451	2	1,485	6,291	13·9	4·2	264	288	—	—	—	—
10	3	129	—	322	1,304	10·1	4·0	23	23	—	—	—	—
11	10	467	—	1,926	8,115	17·4	4·2	229	253	5	237	387	2,237
12	7	310	37	1,052	4,530	13·1	4·3	98	106	4	190	390	2,452
13	5	146	144	785	3,317	11·4	4·2	69	69	—	—	—	—
14	8	216	306	1,924	9,453	18·1	4·9	17	17	5	146	277	1,326
15	7	508	54	1,969	12,457	22·2	6·3	416	443	5	106	298	1,310
16	4	77	69	466	1,681	11·5	3·6	27	28	2	146	429	3,429
17	6	161	—	906	2,959	18·4	3·3	8	8	3	123	136	697
TOTAL—Administrative County	90	3,736	946	17,825	80,006	17·1	4·5	2,178	2,402	41	1,640	3,139	17,929

TABLE 8—CHILD WELFARE CENTRES

Summary, by Health Divisions, of Attendances During 1959

Health Division No.	No. of centres at—		No. of sessions during year	* No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session
	1st January, 1959	31st December, 1959		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)	
1	8	8	212	321	286	498	3,599	944	1,162	26·9
2	15	18	758	1,381	1,116	1,582	24,868	4,891	4,880	45·7
3	16	16	661	1,530	983	762	21,421	4,034	2,722	42·6
4	27	27	1,005	2,029	1,684	1,532	35,626	6,082	6,101	47·6
5	14	14	870	1,459	1,212	1,496	28,356	6,253	5,686	46·3
6	13	13	668	889	756	1,107	15,422	3,910	4,084	35·1
7	15	15	826	2,067	1,745	1,491	33,537	5,926	7,877	57·3
8	12	12	736	1,352	1,189	1,170	23,786	4,223	3,341	42·6
9	17	19	1,258	3,026	2,166	1,516	38,685	4,345	3,808	37·2
10	12	12	616	947	822	909	17,811	3,852	3,300	40·5
11	17	17	1,095	2,127	1,689	1,163	38,345	5,647	3,583	43·4
12	19	19	1,141	1,571	1,484	1,714	31,627	7,239	5,453	38·8
13	8	8	382	963	692	785	15,882	2,592	2,739	55·5
14	10	11	892	1,647	1,294	853	28,029	3,622	1,620	37·3
15	13	12	916	1,865	1,696	1,713	39,772	8,897	4,941	58·5
16	7	7	508	1,178	1,122	1,148	20,967	4,530	3,318	56·7
17	13	13	742	1,594	1,431	1,217	28,257	5,023	3,102	49·0
Total— Administrative County	236	241	13,286	25,946	21,367	20,656	445,990	82,010	67,717	44·8

* Age as at end of year.

TABLE 9—CARE OF PREMATURE INFANTS

STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN IN 1959 WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	Born in Hospital												Born at Home (a) nursed entirely there. (b) transferred to hospital on or before 28th day.												Born in Private Nursing Homes, etc. (a) nursed entirely there. (b) transferred to hospital on or before 28th day.											
	3 lb. 4 oz. or less			Over 3 lb. 4 oz. to 4 lb. 6 oz.			Over 4 lb. 6 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.			3 lb. 4 oz. or less			Over 3 lb. 4 oz. to 4 lb. 6 oz.			Over 4 lb. 6 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.			3 lb. 4 oz. or less			Over 3 lb. 4 oz. to 4 lb. 6 oz.			Over 4 lb. 6 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.		
	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days	Total born	Died within 24 hours	Survived 28 days
1	2	1	1	3	—	3	3	—	3	14	—	14	(a) 1	1	—	—	—	—	1	—	1	2	—	2	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) —	—	—	—	—	—	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
2	11	4	2	18	1	13	19	—	17	38	1	36	(a) 1	1	—	1	—	1	2	—	2	5	—	5	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 1	1	—	1	1	—	1	—	—	3	—	3	(b) —	—	—	—	—	—	—	—	—	—	—	—
3	10	2	3	19	2	12	18	—	17	59	—	56	(a) —	—	—	—	—	—	—	—	—	6	—	6	(a) —	—	—	—	—	—	1	—	1	—	—	—
													(b) —	—	—	—	—	—	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
4	20	9	9	33	2	30	44	4	39	92	4	88	(a) —	—	—	1	—	1	2	—	2	16	—	16	(a) 1	1	—	2	—	2	6	—	6	10	—	10
													(b) —	—	—	3	1	1	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
5	9	3	5	25	—	24	38	—	38	78	1	75	(a) —	—	—	2	—	2	2	—	1	11	—	11	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	1	—	1	—	1	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
6	6	5	1	9	—	9	10	1	8	25	1	23	(a) 1	1	—	—	—	—	3	—	3	8	—	8	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	2	—	2	—	2	1	—	—	1	—	1	(b) —	—	—	—	—	—	—	—	—	—	—	—
7	12	2	7	28	7	20	19	1	18	68	4	62	(a) 4	1	2	3	—	3	2	—	2	27	1	26	(a) —	—	—	2	1	1	2	—	2	11	—	11
													(b) —	—	—	1	—	1	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
8	17	8	4	10	—	8	16	—	16	47	2	44	(a) —	—	—	2	—	1	5	—	5	22	—	22	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 1	—	1	1	—	—	1	—	1	1	—	1	(b) —	—	—	—	—	—	—	—	—	—	—	—
9	45	25	14	56	7	42	46	4	42	115	1	114	(a) 6	2	2	17	—	16	12	1	10	72	3	69	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	—	2	5	2	3	1	—	1	2	—	2	(b) —	—	—	—	—	—	—	—	—	—	—	—
10	7	6	1	11	1	8	16	—	16	29	1	28	(a) —	—	—	1	—	1	2	—	2	13	—	12	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	1	—	—	—	—	—	—	—	3	—	2	(b) —	—	—	—	—	—	—	—	—	—	—	—
11	20	14	5	31	—	30	28	—	28	73	—	72	(a) 1	—	1	2	1	1	6	—	6	26	2	24	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	—	2	—	—	—	2	—	2	1	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
12	25	10	7	17	3	13	18	2	16	42	—	42	(a) 1	1	—	1	—	1	2	—	2	12	—	12	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 3	—	1	1	—	—	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
13	8	4	1	12	1	11	13	—	12	31	—	31	(a) —	—	—	—	—	—	3	—	3	10	—	10	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 1	—	—	—	—	—	2	—	2	2	—	1	(b) —	—	—	—	—	—	—	—	—	1	—	1
14	11	7	2	19	2	17	23	2	20	59	—	58	(a) 2	—	2	3	—	3	4	—	4	41	1	39	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 1	1	—	2	1	1	3	—	2	1	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
15	20	13	6	21	1	20	21	1	20	56	2	54	(a) 1	1	—	3	—	3	6	—	5	17	—	16	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 2	—	1	2	—	2	3	—	2	1	—	1	(b) —	—	—	—	—	—	—	—	—	—	—	—
16	15	8	5	30	2	27	19	—	18	52	1	51	(a) —	—	—	—	—	—	1	—	1	12	—	12	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) 1	1	—	2	—	2	—	—	—	—	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
17	17	7	4	16	2	13	28	2	22	54	2	50	(a) —	—	—	4	—	4	3	—	3	26	—	25	(a) —	—	—	—	—	—	—	—	—	—	—	—
													(b) —	—	—	—	—	—	—	—	—	1	—	—	(b) —	—	—	—	—	—	—	—	—	—	—	—
TOTAL— Administrative County	255	128	77	358	31	300	379	17	350	932	20	898	(a) 18	8	7	40	1	37	56	1	52	326	7	315	(a) 1	1	—	4	1	3	9	—	9	21	—	21
													(b) 20	7	7	21	5	13	14	—	10	16	—	11	(b) —	—	—	—	—	—	—	—	—	1	—	1

TABLE 10—MOTHER AND BABY HOMES

STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1959

	* No. of cases admitted from Health Division No.																	Total—Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Fylde House of Help, 141, Hornby Road, Blackpool	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3
"The Grange," Wilpshire, Nr. Blackburn	—	1(1)	1	6	5(1)	8	3(1)	4	15	—	8(2)	2	7	13	4	5	7	89(5)
The Home of the Good Samaritan, Grappenhall, near Warrington ...	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	1	4
Kendall House, 46, Pelham Road, Gravesend, Kent	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Lancaster, Morecambe and District Moral Welfare Association, Girls' Hostel, 7, Queen Street, Lancaster	—	1	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—	5
Liverpool Catholic Children's Protection Society—Affiliated Homes ...	—	—	—	8	—	—	7(1)	2	15(2)	1	1	—	—	—	—	—	—	34(3)
Manchester and Salford Methodist Mission Home, Lorna Lodge, Barley Moor Road, Didsbury, Manchester	—	—	—	—	1	1	—	—	—	—	4	—	—	1	1	—	1	9
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston ...	3	5	1	2	1	—	—	1	—	—	—	—	—	—	—	—	—	13
Sacred Heart Maternity Home, Brettargh Holt, near Kendal ...	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2
St. Agnes' House, 15, Mauldeth Road, Withington, Manchester, 20 ...	—	—	—	—	—	—	—	—	—	—	—	—	1(1)	—	1	4(1)	1	7(2)
St. Anne's Maternity Home, Simpson Hill, Heywood	—	—	—	1	—	—	2	—	2	—	3	1	—	3	4	2	2	20
St. Bridget's Home, Lache Lane, Chester	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2
St. Margaret's Home, Goose Green, Wigan	—	—	—	—	3	—	2	1	1	—	—	—	—	—	—	—	—	7
St. Monica's Home, 13, Croxteth Road, Liverpool, 8	—	—	—	—	—	—	1	1	1	—	—	1	1	—	—	—	—	5
St. Monica's Maternity Home, 8, Dalton Drive, Sedbergh Road, Kendal	4	1	—	1	—	—	2	—	—	—	3	—	—	1	—	3	—	15
St. Monica's Home, 10/11, Belle Vue, Bradford, 8	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
St. Teresa's Home, 61, Broom Lane, Salford, 7	—	—	—	—	3	—	—	—	—	—	—	3	1	2	7	2	—	18
Salvation Army Home, "Elmswood," North Mossley Hill Road, Liverpool	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	3
TOTAL	8	9(1)	3	20	14(1)	11	20(2)	9	35(2)	4	21(2)	9	10(1)	20	17	16(1)	12	238(10)

* These normally are expectant mothers. Post-natal cases are included and also shown in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.

TABLE 11—DAY NURSERIES

Summary, by Health Divisions, of Accommodation and Attendances During 1959

Health Division No.	Accommodation and attendances during 1959 (Monday to Friday only)						Position at 31st December, 1959								
	No. of nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)		Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries	No. of places approved for children at ages (in years)		No. of children— On registers, Ages (in years)		No. of children— On waiting lists, Ages (in years)		Categories of parents or guardians whose children were on register	
		0—	2—4 (inclusive)	0—	2—4 (inclusive)			0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	Social cases	Others
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	513	10,250	21,755	6,448	18,914	79·2	2	40	85	36	86	38	81	57	52
3	245	4,655	7,595	3,767	5,865	78·6	1	19	31	17	34	16	31	11	33
4	655	12,363	20,551	7,089	15,279	68·0	2	37	63	34	77	39	26	19	80
5	1,956	32,524	55,512	18,598	36,337	62·4	8	133	227	105	210	14	30	45	238
6	971	17,723	36,707	10,567	24,695	64·8	4	73	151	61	135	6	19	34	145
7	255	6,375	16,575	3,322	13,061	71·4	1	25	65	16	75	20	34	23	68
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	1,024	13,312	37,888	10,996	25,117	70·5	4	52	148	52	141	—	—	72	102
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	967	20,552	28,529	14,739	21,706	74·3	4	85	118	92	100	30	28	92	98
12	242	4,598	7,502	2,796	7,813	87·7	1	19	31	16	44	43	78	10	50
13	977	13,675	23,700	8,321	16,795	67·2	4	56	97	45	98	30	15	21	122
14	1,461	16,437	41,782	14,760	31,604	79·6	6	67	171	80	162	28	17	42	169
15	978	11,475	25,372	8,530	19,720	76·7	4	47	104	52	115	66	124	34	121
16	1,740	19,888	49,212	15,570	39,493	79·7	7	80	198	81	214	96	86	68	195
17	1,740	30,031	51,909	16,275	46,498	76·6	7	121	209	85	241	84	67	50	268
Total— Administrative County ...	13,724	213,858	424,589	141,778	322,897	72·8	55	854	1,698	772	1,732	510	636	578	1,741

TABLE 12—HOME NURSING

Analysis of Completed Cases by Sex and Age Groups—Year ended 31st December, 1959

Disease or ailment	Total cases (both sexes)		Males												Females											
			0—		5—		15—		45—		65—		All ages		0—		5—		15—		45—		65—		All ages	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	435	1·3	1	0·1	—	—	97	5·2	122	3·5	36	0·6	256	2·0	—	—	—	—	136	2·7	39	0·7	4	0·0	179	0·8
Other infective and parasitic diseases ...	725	2·1	20	2·1	31	4·0	78	4·2	65	1·9	56	1·0	250	2·0	23	3·9	48	7·6	162	3·2	126	2·4	116	1·2	475	2·2
Cancer	1,703	5·0	1	0·1	3	0·4	36	1·9	291	8·4	413	7·3	744	5·9	2	0·3	4	0·6	77	1·5	399	7·5	477	4·8	959	4·5
Diabetes	572	1·7	—	—	4	0·5	7	0·4	41	1·2	70	1·2	122	1·0	—	—	3	0·5	14	0·3	100	1·9	333	3·4	450	2·1
Anaemias and other blood diseases ...	2,794	8·2	17	1·8	6	0·8	42	2·2	149	4·3	288	5·1	502	4·0	12	2·1	5	0·8	690	13·8	592	11·2	993	10·0	2,292	10·7
Mental, psychoneurotic disorders	77	0·2	—	—	—	—	4	0·2	10	0·3	7	0·1	21	0·2	—	—	—	—	15	0·3	21	0·4	20	0·2	56	0·3
Cerebral haemorrhage, cerebral embolism and thrombosis	1,304	3·8	—	—	—	—	2	0·1	98	2·8	424	7·5	524	4·1	—	—	—	—	4	0·1	116	2·2	660	6·7	780	3·6
Other diseases of central nervous sytem ...	1,393	4·1	1	0·1	1	0·1	35	1·9	124	3·6	381	6·8	542	4·3	2	0·3	—	—	69	1·4	193	3·6	587	5·9	851	4·0
Diseases of eye, ear and mastoid process ...	768	2·3	108	11·6	123	15·7	42	2·2	31	0·9	23	0·4	327	2·6	102	17·5	123	19·4	113	2·3	72	1·4	31	0·3	441	2·1
Diseases of heart and circulatory system ...	2,889	8·5	12	1·3	2	0·3	48	2·6	325	9·4	731	13·0	1,118	8·8	4	0·7	—	—	127	2·5	422	8·0	1,218	12·3	1,771	8·3
Influenza	428	1·3	6	0·6	21	2·7	22	1·2	51	1·5	60	1·1	160	1·3	5	0·9	16	2·5	72	1·4	56	1·1	119	1·2	268	1·3
Pneumonia	942	2·8	30	3·2	19	2·4	56	3·0	143	4·1	197	3·5	445	3·5	24	4·1	16	2·5	71	1·4	124	2·3	262	2·6	497	2·3
Bronchitis	2,053	6·0	118	12·7	37	4·7	81	4·3	309	8·9	445	7·9	990	7·8	111	19·0	30	4·7	139	2·8	248	4·7	535	5·4	1,063	5·0
Other diseases of respiratory system ...	1,361	4·0	50	5·4	94	12·0	220	11·7	134	3·9	85	1·5	583	4·6	41	7·0	91	14·3	393	7·9	160	3·0	93	0·9	778	3·6
Diseases of digestive system	3,216	9·4	85	9·1	99	12·7	206	11·0	355	10·2	555	9·9	1,300	10·3	81	13·9	71	11·2	359	7·2	551	10·4	854	8·6	1,916	8·9
Diseases of genito-urinary system	1,883	5·5	271	29·1	15	1·9	37	2·0	71	2·0	197	3·5	591	4·7	7	1·2	15	2·4	614	12·3	289	5·4	367	3·7	1,292	6·0
Diseases of the skin	2,315	6·8	63	6·8	142	18·2	321	17·1	228	6·6	212	3·8	966	7·6	60	10·3	90	14·2	402	8·1	347	6·5	450	4·5	1,349	6·3
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	816	2·4	2	0·2	10	1·3	32	1·7	62	1·8	86	1·5	192	1·5	1	0·2	3	0·5	69	1·4	187	3·6	364	3·7	624	2·9
Senility and ill-defined conditions	5,885	17·3	27	2·9	61	7·8	342	18·3	752	21·7	1,185	21·1	2,367	18·7	25	4·3	53	8·3	537	10·8	997	18·8	1,906	19·2	3,518	16·4
Burns and scalds	479	1·4	72	7·7	35	4·5	26	1·4	16	0·5	39	0·7	188	1·5	46	7·9	21	3·3	43	0·9	61	1·1	120	1·2	291	1·4
Other accidents, injuries, etc.	1,057	3·1	21	2·3	67	8·6	128	6·8	69	2·0	117	2·1	402	3·2	17	2·9	40	6·3	98	2·0	150	2·8	350	3·5	655	3·1
All other conditions	1,011	3·0	26	2·8	11	1·4	11	0·6	23	0·7	20	0·4	91	0·7	21	3·6	6	0·9	789	15·8	55	1·0	49	0·5	920	4·3
Total—Administrative County ...	34,106	100	931	100	781	100	1,873	100	3,469	100	5,627	100	12,681	100	584	100	635	100	4,993	100	5,305	100	9,908	100	21,425	100

Note : Percentages are of the total cases of the particular sex/age group.

TABLE 13—HOME NURSING

Analysis of Completed Cases by Duration of Treatments, Frequency of Visits and Disposal of Cases

Year ended 31st December, 1959

Disease or ailment	Total No. of cases	Duration of treatment: Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits: Day	Total visits: Night	Average No. of visits (day and night)	No. of visits per case per week	Disposal of cases: Recovered, relieved or convalescent: No.	Recovered: Per cent.	Admitted to hospital: No.	Admitted: Per cent.	Died: No.	Died: Per cent.	Gone away: No.	Gone away: Per cent.	Out-patient X-ray, etc.: No.	Out-patient: Per cent.	Nurse withdrawn: No.	Nurse withdrawn: Per cent.	Other: No.	Other: Per cent.
Tuberculosis of respiratory system ...	435	9,547·4	21·9	37,952	48	87·4	4·0	283	65·1	61	14·0	10	2·3	26	6·0	6	1·4	49	11·3	—	—
Other infective and parasitic diseases ...	725	4,055·3	5·6	14,627	80	20·3	3·6	626	86·3	50	6·9	12	1·7	9	1·2	3	0·4	24	3·3	1	0·1
Cancer	1,703	14,265·3	8·4	57,205	1,035	34·2	4·1	212	12·4	323	19·0	1,107	65·0	27	1·6	13	0·8	18	1·1	3	0·2
Diabetes	572	18,478·3	32·3	105,713	8	184·8	5·7	132	23·1	120	21·0	51	8·9	142	24·8	5	0·9	96	16·8	26	4·5
Anaemias and other blood diseases ...	2,794	88,228·3	31·6	111,437	13	39·9	1·3	1,719	61·5	427	15·3	236	8·4	260	9·3	6	0·2	139	5·0	7	0·3
Mental, psychoneurotic disorders ...	77	1,258·6	16·3	2,000	4	26·0	1·6	44	57·1	22	28·6	2	2·6	1	1·3	—	—	8	10·4	—	—
Cerebral haemorrhage, cerebral embolism and thrombosis	1,304	13,596·6	10·4	42,237	88	32·5	3·1	247	18·9	332	25·5	676	51·8	38	2·9	1	0·1	8	0·6	2	0·2
Other diseases of central nervous system ...	1,393	33,012	23·7	86,400	153	62·1	2·6	354	25·4	431	30·9	472	33·9	83	6·0	5	0·4	39	2·8	9	0·6
Diseases of eye, ear and mastoid process ...	768	2,556·6	3·3	12,478	—	16·2	4·9	725	94·4	18	2·3	2	0·3	3	0·4	4	0·5	16	2·1	—	—
Diseases of heart and ciculatory system ...	2,889	70,370	24·4	139,697	405	48·5	2·0	1,168	40·4	665	23·0	739	25·6	181	6·3	8	0·3	120	4·2	8	0·3
Influenza	428	938·4	2·2	4,689	22	11·0	5·0	361	84·3	25	5·8	29	6·8	9	2·1	—	—	3	0·7	1	0·2
Pneumonia	942	3,017·9	3·2	15,538	53	16·6	5·2	628	66·7	150	15·9	148	15·7	5	0·5	1	0·1	9	1·0	1	0·1
Bronchitis	2,053	9,353·9	4·6	31,849	33	15·5	3·4	1,612	78·5	176	8·6	224	10·9	15	0·7	1	0·0	23	1·1	2	0·1
Other diseases of respiratory system ...	1,361	2,943·1	2·2	14,497	20	10·7	4·9	1,225	90·0	58	4·3	51	3·7	6	0·4	2	0·1	16	1·2	3	0·2
Diseases of digestive system	3,216	14,487·4	4·5	40,390	84	12·6	2·8	2,453	76·3	338	10·5	131	4·1	50	1·6	219	6·8	19	0·6	6	0·2
Diseases of genito-urinary system ...	1,883	51,003·7	27·1	49,496	11	26·3	1·0	1,399	74·3	214	11·4	109	5·8	59	3·1	41	2·2	59	3·1	2	0·1
Diseases of the skin	2,315	17,904·6	7·7	59,961	1,016	26·3	3·4	1,981	85·6	202	8·7	55	2·4	45	1·9	13	0·6	19	0·8	—	—
Diseases of bones and organs of movement (including rheumatism and arthritis)	816	22,841·6	28·0	48,097	15	59·0	2·1	359	44·0	233	28·6	108	13·2	50	6·1	35	4·3	26	3·2	5	0·6
Senility and ill-defined conditions ...	5,885	58,350·1	9·9	137,090	174	23·3	2·4	1,610	27·4	912	15·5	1,050	17·8	171	2·9	2,032	34·5	95	1·6	15	0·3
Burns and scalds	479	2,709·4	5·7	11,928	8	24·9	4·4	417	87·1	38	7·9	12	2·5	5	1·0	3	0·6	3	0·6	1	0·2
Other accidents, injuries, etc.	1,057	9,859·6	9·3	27,997	23	26·5	2·8	826	78·1	111	10·5	55	5·2	21	2·0	30	2·8	12	1·1	2	0·2
All other conditions	1,011	6,591·3	6·5	18,067	296	18·2	2·8	784	77·5	139	13·7	26	2·6	20	2·0	10	1·0	32	3·2	—	—
Total—Administrative County	34,106	455,369·3	13·4	1,069,345	3,589	31·5	2·4	19,165	56·2	5,045	14·8	5,305	15·6	1,226	3·6	2,438	7·1	833	2·4	94	0·3

Note.—Percentages are of the total cases of the particular disease or ailment.

TABLE 14—HOME NURSING

Analysis of Completed Cases in each Health Division by Sex, Duration of Treatment, Frequency of Visits and Disposal of Cases—Year Ended 31st December, 1959

Health Division No.	Total cases					Duration of treatment						Disposal of cases													
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1 ...	793	266	33·5	527	66·5	10,141·9	12·8	23,415	12	29·5	2·3	462	58·3	109	13·7	115	14·5	61	7·7	27	3·4	19	2·4	—	—
2 ...	2,234	818	36·6	1,416	63·4	34,229·4	15·3	71,700	108	32·1	2·1	1,197	53·6	339	15·2	370	16·6	190	8·5	66	3·0	63	2·8	9	0·4
3 ...	2,055	769	37·4	1,286	62·6	25,071·3	12·2	58,911	26	28·7	2·4	1,020	49·6	359	17·5	326	15·9	144	7·0	179	8·7	19	0·9	8	0·4
4 ...	3,057	1,142	37·4	1,915	62·6	44,530·9	14·6	107,355	354	35·2	2·4	1,671	54·7	445	14·6	524	17·1	130	4·3	199	6·5	78	2·6	10	0·3
5 ...	2,682	1,015	37·8	1,667	62·2	34,432	12·8	78,843	47	29·4	2·3	1,184	44·1	365	13·6	375	14·0	53	2·0	646	24·1	52	1·9	7	0·3
6 ...	1,624	648	39·9	976	60·1	24,500·3	15·1	54,532	74	33·6	2·2	722	44·5	266	16·4	311	19·2	76	4·7	152	9·4	93	5·7	4	0·2
7 ...	2,115	679	32·1	1,436	67·9	33,379·4	15·8	66,383	48	31·4	2·0	1,311	62·0	323	15·3	322	15·2	79	3·7	8	0·4	62	2·9	10	0·5
8 ...	1,922	738	38·4	1,184	61·6	25,534·9	13·3	57,733	132	30·1	2·3	1,245	64·8	235	12·2	267	13·9	31	1·6	111	5·8	29	1·5	4	0·2
9 ...	3,761	1,411	37·5	2,350	62·5	27,698·3	7·4	92,818	1,334	25·0	3·4	2,884	76·7	458	12·2	257	6·8	71	1·9	16	0·4	68	1·8	7	0·2
10 ...	1,276	535	41·9	741	58·1	16,634·6	13·0	45,648	221	35·9	2·8	874	68·5	186	14·6	164	12·9	31	2·4	12	0·9	9	0·7	—	—
11 ...	2,081	725	34·8	1,356	65·2	33,882·3	16·3	69,837	31	33·6	2·1	1,105	53·1	315	15·1	378	18·2	52	2·5	179	8·6	47	2·3	5	0·2
12 ...	2,651	1,032	38·9	1,619	61·1	42,479·7	16·0	91,983	522	34·9	2·2	1,512	57·0	366	13·8	442	16·7	82	3·1	184	6·9	59	2·2	6	0·2
13 ...	1,201	475	39·6	726	60·4	18,394·3	15·3	40,035	4	33·3	2·2	705	58·7	165	13·7	186	15·5	26	2·2	79	6·6	33	2·7	7	0·6
14 ...	2,015	759	37·7	1,256	62·3	22,090·7	11·0	54,519	69	27·1	2·5	1,157	57·4	254	12·6	359	17·8	51	2·5	173	8·6	20	1·0	1	0·0
15 ...	1,659	594	35·8	1,065	64·2	23,782·9	14·3	54,283	181	32·8	2·3	814	49·1	304	18·3	307	18·5	36	2·2	126	7·6	66	4·0	6	0·4
16 ...	1,254	424	33·8	830	66·2	19,799·3	15·8	40,417	292	32·5	2·1	553	44·1	246	19·6	264	21·1	59	4·7	72	5·7	57	4·5	3	0·2
17 ...	1,726	651	37·7	1,075	62·3	18,787·3	10·9	60,933	134	35·4	3·3	749	43·4	310	18·0	338	19·6	54	3·1	209	12·1	59	3·4	7	0·4
Total—Admin. County	34,106	12,681	37·2	21,425	62·8	455,369·3	13·4	1,069,345	3,589	31·5	2·4	19,165	56·2	5,045	14·8	5,305	15·6	1,226	3·6	2,438	7·1	833	2·4	94	0·3

Note : Percentages are of the total cases in the particular area.

TABLE 15—CARE AND AFTER-CARE—TUBERCULOSIS

Statement by Health Divisions of Work Done by Tuberculosis Visitors During 1959

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of sessions attended			No. of home visits					
			Dispensary		Other	To cases		To contacts		Unclassified home visits	Total
			Day	Evening		First visits to new cases	Re-visits	First visits to new contacts	Re-visits		
1	—	—	44	9	3	18	1,309	82	281	143	1,833
2	5	—	67	—	38	62	1,550	255	1,687	891	4,445
3	6	—	58	30	—	31	844	221	449	94	1,639
4	2	3	266	—	—	59	5,906	181	2,614	448	9,208
5	—	—	119	—	71	65	5,814	347	1,456	109	7,791
6	—	—	188	23	175	78	5,542	313	2,981	98	9,012
7	—	—	306	—	—	109	1,636	456	1,653	26	3,880
8	—	—	417	—	—	75	3,683	273	4,707	82	8,820
9	—	—	816	97	19	227	5,350	1,023	11,027	122	17,749
10	—	—	147	37	6	27	1,656	83	1,378	57	3,201
11	—	—	243	27	—	83	2,249	350	1,582	147	4,411
12	—	—	239	13	52	51	2,854	83	1,612	112	4,712
13	4	—	155	20	—	42	2,348	120	820	33	3,363
14	1	—	243	3	—	128	1,615	335	3,599	227	5,904
15	—	—	—	—	52	97	4,512	371	583	102	5,665
16	5	—	10	—	54	63	1,921	216	2,313	245	4,758
17	2	—	—	—	—	74	3,955	134	2,813	1	6,977
Total—Administrative County	25	3	3,318	259	470	1,289	52,744	4,843	41,555	2,937	103,368

TABLE 16—HOME HELP SERVICE

Summary by Health Divisions of Cases Attended During 1959

Health Division No.	Home helps employed at 31st December 1959		Total No. of cases attended	Category of case																		Total cases attended per 1,000 population (mid-1959)
				Problem families		Confinement				Tuberculosis				Chronic sick (under 65 yrs.)		Chronic sick & aged & infirm (65 yrs. & over)		Illness and others				
						At home		Away from home		No. of cases								No. of cases				
	Actual No.	Whole-time equivalent		No. of cases	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	Under 65 yrs.	65 yrs. & over	Total	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	Under 65 yrs.	65 yrs. & over	Total	Per cent.	
1	69	31	281	1	0·4	5	1·8	—	—	—	1	1	0·4	14	5·0	233	82·9	4	23	27	9·6	7·1
2	223	109	895	1	0·1	25	2·8	18	2·0	2	2	4	0·4	15	1·7	701	78·3	18	113	131	14·6	8·0
3	119	56	742	—	—	37	5·0	12	1·6	—	4	4	0·5	33	4·4	490	66·0	43	123	166	22·4	6·3
4	137	103	852	2	0·2	53	6·2	8	0·9	2	3	5	0·6	26	3·1	696	81·7	7	55	62	7·3	4·9
5	272	131	1,206	—	—	21	1·7	3	0·2	2	4	6	0·5	89	7·4	1,005	83·3	39	43	82	6·8	8·5
6	269	107	1,506	—	—	48	3·2	4	0·3	5	6	11	0·7	89	5·9	1,160	77·0	105	89	194	12·9	16·6
7	128	95	1,109	—	—	131	11·8	32	2·9	5	18	23	2·1	104	9·4	609	54·9	74	136	210	18·9	6·4
8	214	91	818	2	0·2	27	3·3	2	0·2	4	6	10	1·2	80	9·8	669	81·8	2	26	28	3·4	7·2
9	209	132	1,275	2	0·2	91	7·1	20	1·6	6	16	22	1·7	67	5·3	919	72·1	6	148	154	12·1	5·8
10	187	94	698	4	0·6	36	5·2	—	—	4	7	11	1·6	42	6·0	537	76·9	4	64	68	9·7	8·0
11	292	121	1,283	3	0·2	13	1·0	2	0·2	2	11	13	1·0	129	10·1	1,067	83·2	16	40	56	4·4	7·4
12	236	115	1,437	2	0·1	57	4·0	31	2·2	1	4	5	0·3	115	8·0	1,092	76·0	17	118	135	9·4	10·9
13	103	56	635	—	—	16	2·5	—	—	1	4	5	0·8	64	10·1	506	79·7	12	32	44	6·9	8·7
14	173	81	1,116	—	—	47	4·2	7	0·6	3	3	6	0·5	25	2·2	945	84·7	8	78	86	7·7	8·1
15	133	72	750	—	—	57	7·6	—	—	1	2	3	0·4	24	3·2	619	82·5	10	37	47	6·3	5·5
16	121	51	497	—	—	25	5·0	6	1·2	—	1	1	0·2	33	6·6	355	71·4	29	48	77	15·5	4·8
17	184	104	1,176	1	0·1	38	3·2	—	—	5	—	5	0·4	32	2·7	1,100	93·5	—	—	—	—	9·2
Total—Administrative County	3,069	1,549	16,276	18	0·1	727	4·5	145	0·9	43	92	135	0·8	981	6·0	12,703	78·0	394	1,173	1,567	9·6	7·6

Notes : The percentages given are of the total number of cases in the division. Case figures for 1959 are not comparable with those for previous years (see text).

TABLE 17—HOME HELP SERVICE

Analysis of Cases Attended in Week Ended 12th December, 1959

Category	No. of cases attended		No. of hours of service	No. of case days	No. of cases in which home help was provided— On days during week							For total hours during week				
	Male	Female			1	2	3	4	5	6	7	Under 6	6—	10—	14—	18—
Special cases—																
Problem families	—	2	23	8	—	—	1	—	—	1	—	—	1	—	1	—
Confinements—																
At home	—	41	699	160	4	9	4	—	18	6	—	5	9	5	3	19
Away from home	—	17	221	62	2	5	2	1	2	5	—	3	6	2	2	4
Tuberculosis—																
Aged 65 years and over	9	15	169	61	4	13	3	1	—	3	—	5	16	1	1	1
Aged under 65 years	10	41	354	121	13	25	5	1	3	4	—	14	28	5	3	1
Chronic sick—																
Aged under 65 years	66	507	4,922	1,724	128	165	96	17	102	55	10	179	236	58	44	56
Chronic sick, aged and infirm—																
Aged 65 years and over	1,340	7,220	57,653	20,316	2,760	3,394	903	123	822	451	107	3,470	3,806	695	263	326
Illness and others—																
Aged 65 years and over	18	138	923	349	63	51	15	4	17	4	2	86	48	14	7	1
Aged under 65 years	42	378	3,104	1,014	123	161	62	8	45	21	—	156	186	31	21	26
All categories—																
Week ended 12th December, 1959	1,485	8,359	68,068	23,815	3,097	3,823	1,091	155	1,009	550	119	3,918	4,336	811	345	434
Week ended 13th December, 1958	8,388		60,135	20,584	2,474	3,380	942	149	826	521	96	2,998	3,964	691	355	380

TABLE 18—NATIONAL HEALTH SERVICE ACT, 1946—MENTAL HEALTH SERVICE

Summary of Work undertaken by Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890 to 1930, during 1959 and each of the previous five years

	1954	1955	1956	1957	1958	1959
1. Admitted to an establishment designated for the purpose by the Ministry of Health :—						
(*a*) On a three-days order under section 20 of the Lunacy Act, 1890	529	643	714	915	998	958
(*b*) On a 14-days order of a Justice under section 21 of the Lunacy Act, 1890	592	579	517	495	449	448
2. Summary reception orders made :—						
(*a*) Patient conveyed to a mental hospital from another hospital or establishment :—						
(i) Following detention on an order under section 20 or 21 of the Lunacy Act, 1890	289	230	240	291	302	292
(ii) Not following detention on an order made under section 20 or 21 of the Lunacy Act, 1890 ...	27	19	24	30	22	20
(*b*) Patient admitted direct to mental hospital	226	212	176	97	104	92
(*c*) In respect of a patient already in the same mental hospital :—						
(i) As a voluntary patient	87	86	58	72	70	84
(ii) As a temporary patient	7	5	5	18	4	2
(iii) As an informal patient	—	—	—	—	—	22
(iv) Under the provisions of section 20 or 21 of the Lunacy Act, 1890	467	498	406	430	372	365
3. Notified as an alleged person of unsound mind or suffering from mental illness and :—						
(*a*) Dealt with as :—						
(i) A voluntary patient	1,043	1,289	1,425	1,684	1,878	1,807
(ii) A temporary patient	48	42	46	40	56	51
(iii) An informal patient	—	—	—	—	—	283
(*b*) No order made (excludes cases already shown under (*a*))	608	560	572	552	548	535
4. Transfers from one mental hospital to another	8	9	6	6	2	21

Note : The informal admission of patients to hospitals came into operation on the 6th October, 1959, under the Mental Health Act, 1959 (Commencement No. 1) Order, 1959.

TABLE 19—MEDICAL EXAMINATIONS

Summary by Health Divisions of Medical Examinations carried out by Divisional Medical Staffs during 1959

Health Division No.	Medical examinations undertaken in respect of—															Total medical examinations
	Superannuation		Fitness for job—County Council employees			Fitness to enter other local authorities' sickness pay schemes	Fitness to resume work—County Council employees	Children in care of Children's Committee	Mental Deficiency and Lunacy Acts	Employment of children outside school hours	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Children attending camp schools	Boothstown Remand Home	Others	
	Fitness to enter County Council scheme (to 31.8.59)	Fitness to enter other local authority schemes	No. of Forms M.E.5 scrutinised	Medical examinations carried out as a result of scrutiny of forms M.E.5	Posts requiring compulsory examination											
1 ...	24	17	191	6	12	—	14	47	16	—	29	5	32	—	23	225
2 ...	63	13	121	35	12	—	6	106	16	172	58	11	7	—	—	499
3 ...	15	137	269	7	6	—	2	90	25	266	65	—	622	—	—	1,235
4 ...	87	30	287	49	10	—	75	193	21	261	109	34	85	—	3	957
5 ...	68	85	294	15	42	—	1	149	31	405	95	19	546	—	7	1,463
6 ...	49	57	165	—	10	26	3	74	8	105	74	15	97	—	77	595
7 ...	58	109	247	12	6	—	21	123	82	214	126	8	184	—	228	1,171
8 ...	38	11	235	4	2	—	3	67	12	120	77	—	20	—	—	354
9 ...	61	169	442	53	29	—	7	342	64	233	103	81	103	—	—	1,245
10 ...	26	26	142	42	3	2	5	76	7	60	39	13	104	—	157	560
11 ...	43	2	289	5	37	—	3	153	13	323	119	—	100	832	—	1,630
12 ...	37	141	232	2	2	32	11	114	—	186	79	—	12	—	—	616
13 ...	22	19	125	2	7	18	2	36	9	177	61	5	267	—	92	717
14 ...	61	25	274	6	20	—	2	135	21	311	75	17	137	—	27	837
15 ...	42	6	339	17	9	—	4	136	8	284	93	—	82	—	—	681
16 ...	14	77	230	11	12	9	2	50	6	117	54	33	20	—	5	410
17 ...	25	245	125	18	38	17	—	78	11	295	78	—	63	—	—	868
Total—Admin. County ...	733	1,169	4,007	284	257	104	161	1,969	350	3,529	1,334	241	2,481	832	619	14,063

ACCOMMODATION PROVIDED DURING THE YEAR 1959—

(1) In Hostels— (*a*) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Div. No.	Name and address of hostel	*Accommodation capacity at 31st Dec., 1959		Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
				No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959		No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No at 31st Dec., 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	Millwood House, Barrow-in-Furness ...	—	19	—	14	—	11	—	7	—	—	—	18	—	—	—	—	—	—	—	—	—	—
2	†The Empress, Morecambe	18	32	18	32	3	7	1	5	2	2	18	32	—	—	—	—	—	—	—	—	—	—
	Moor Platt, Caton	7	20	7	18	5	14	1	7	3	5	8	20	—	—	—	—	—	—	—	—	—	—
	The Hermitage, Caton	24	16	23	14	5	13	1	7	4	5	23	15	1	—	—	—	—	—	—	—	1	—
	The Laurels, Lancaster	17	12	18	10	7	5	5	1	3	2	17	12	—	—	—	—	—	—	—	—	—	—
	Fair Elms, Lancaster	12	13	13	9	2	11	2	5	1	2	12	13	—	1	—	—	—	—	—	1	—	—
3	Norcross House, Carleton, Thornton Cleveleys	10	14	9	14	2	4	2	3	1	1	8	14	—	—	—	—	—	—	—	—	—	—
	‡The Cumberland, Esplanade, Fleetwood ...	9	30	9	31	1	16	1	16	1	2	8	29	—	—	—	—	—	—	—	—	—	—
	The Woodlands, St. Andrews Road South, St. Annes	9	15	8	14	2	5	—	3	1	2	9	14	—	1	—	—	—	—	—	—	—	1
4	The Beeches, Bonds, Garstang	22	22	21	22	8	8	5	5	2	3	22	22	1	—	—	—	1	—	—	—	—	—
	Withnell Fold, Near Chorley	19	21	19	20	1	7	1	4	—	3	19	20	—	1	—	—	—	—	—	—	—	1
5	Hill Top, Manchester Road, Accrington ...	16	—	15	—	11	—	7	—	3	—	16	—	—	—	—	—	—	—	—	—	—	—
	Warren Holt, Wilpshire	15	11	15	11	3	4	3	2	—	1	15	12	—	—	—	—	—	—	—	—	—	—
	Glendene, Knowsley Road, Clayton-le-Dale	—	21	—	22	—	12	—	12	—	—	—	22	—	—	—	—	—	—	—	—	—	—
	Broad Oak, Accrington	13	24	18	24	13	14	8	9	5	3	18	26	—	—	—	—	—	—	—	—	—	—
	Northlands, Great Harwood	11	28	11	29	2	6	1	6	1	1	11	28	—	—	—	1	—	—	—	—	—	1
6	Stanley Villas, Albert Road, Colne	—	14	—	14	—	3	—	4	—	—	—	13	—	—	—	—	—	—	—	—	—	—
	Andrew Smith House, Marsden Hall Road, Nelson	20	30	20	30	8	17	6	10	2	7	20	30	—	—	—	—	—	—	—	—	—	—
	Marles Hill, Wheatley Lane, Barrowford ...	12	15	12	15	3	3	2	3	2	—	11	15	—	—	—	—	—	—	—	—	—	—
	Higher Trapp, Simonstone	19	7	16	7	14	6	12	6	1	—	17	7	—	—	—	—	—	—	—	—	—	—
7	Marbenthe, Marine Terrace, Waterloo ...	7	14	7	13	4	7	4	3	—	2	7	15	—	—	—	—	—	—	—	—	—	—
	Sefton House, Junction Lane, Burscough ...	13	16	16	12	5	9	10	5	1	—	10	16	—	—	—	—	—	—	—	—	—	—
	Eskdale, Birkdale, Southport	14	20	14	20	8	4	7	3	2	1	13	20	—	—	—	—	—	—	—	—	—	—

TABLE 20—*continued*

Health Div. No.	Name and address of hostel	*Accommodation capacity at 31st Dec., 1959		Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
				No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959		No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
8	The Limes, Chorley Road, Standish ...	—	24	—	23	—	12	—	10	—	4	—	21	—	—	—	—	—	—	—	—	—	—
	Burtholme, Chorley Road, Worthington ...	19	—	17	—	7	—	6	—	1	—	17	—	1	—	—	—	—	—	—	—	1	—
	Thorley House, Atherton Road, Hindley ...	22	17	25	14	5	1	6	—	2	—	22	15	—	1	—	—	—	—	—	—	—	1
9	High Carrs, Broadgreen Road, Huyton-with-Roby	10	18	8	20	5	14	3	15	—	1	10	18	—	—	—	—	—	—	—	—	—	—
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	20	30	21	28	18	28	19	21	—	5	20	30	—	—	—	—	—	—	—	—	—	—
	Ethel Hanley House, Coronation Drive, Widnes	28	22	—	—	34	30	6	8	—	1	28	21	—	—	—	—	—	—	—	—	—	—
10	Golborne House, Derby Road, Golborne ...	24	26	24	26	18	26	16	26	2	—	24	26	—	—	—	—	—	—	—	—	—	—
11	Hourigan House, Myrtle Avenue, Leigh ...	24	26	25	25	11	13	8	11	5	1	23	26	—	—	—	—	—	—	—	—	—	—
12	Hazelhurst, Ramsbottom	9	9	9	9	5	3	4	4	1	—	9	8	—	—	—	—	—	—	—	—	—	—
	Croich Hey, Hawkshaw	15	12	14	12	6	8	5	5	—	4	15	11	1	—	—	—	—	—	1	—	—	—
	Redcliffe, Prestwich	17	15	17	15	13	7	13	6	1	1	16	15	—	—	—	—	—	—	—	—	—	—
	Horncliffe House. Rawtenstall	12	26	13	25	13	18	13	14	1	2	12	27	—	—	—	—	—	—	—	—	—	—
	Red Bank House, Radcliffe	26	24	—	—	38	38	10	13	1	1	27	24	—	—	—	1	—	—	—	—	—	1
13	Oaklands, Rochdale Road, Milnrow ...	—	12	—	11	—	8	—	8	—	1	—	10	—	—	—	—	—	—	—	—	—	—
	Brooklyn, Rochdale Road, Heywood ...	12	9	8	7	8	5	6	2	—	1	10	9	—	—	—	—	—	—	—	—	—	—
	Olive House, Bacup	6	9	6	9	5	2	3	2	2	—	6	9	—	—	—	—	—	—	—	—	—	—
14	Claremont, 78 Windsor Road, Oldham ...	—	17	—	17	—	11	—	9	—	2	—	17	—	—	—	—	—	—	—	—	—	—
	Schofield House, Middleton	14	26	18	22	8	16	9	10	3	2	14	26	—	—	—	—	—	—	—	—	—	—
	The Coppice, 84 Windsor Road, Oldham ...	14	8	14	8	25	5	23	5	2	—	14	8	—	—	—	—	—	—	—	—	—	—
	Broadway House, Chadderton	15	35	16	34	11	34	11	28	1	5	15	35	—	—	—	—	—	—	—	—	—	—
15	Gilda Brook, Preston Avenue, Eccles ...	21	29	25	21	6	14	7	5	3	1	21	29	—	—	—	—	—	—	—	—	—	—
16	Grangethorpe, 98–100 Talbot Road, Stretford	12	13	12	13	1	5	2	5	—	—	11	13	—	—	—	—	—	—	—	—	—	—
17	Holme Lea, Astley Road, Stalybridge ...	8	12	7	11	2	7	1	5	1	1	7	12	1	—	—	—	—	—	—	—	1	—
	Sunnyside, Sunnyside Road, Droylsden ...	13	22	—	—	14	29	1	4	—	3	13	22	—	—	—	—	—	—	—	—	—	—
	TOTAL	633	855	568	745	360	520	251	342	61	78	616	845	5	4	—	2	1	—	1	1	3	5

* Variable in most cases according to need for male or female accommodation.

TABLE 21—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1959 (*continued*)—

(1) In Hostels (*continued*)—

(*b*) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
		No. at 31st December, 1958		Admissions		Discharges		Deaths		No. at 31st December, 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Burgh of Ayr	3 Holmston Road, Ayr	—	—	—	1	—	1	—	—	—	—
Birkenhead C.B.C.	Eastham House, Eastham, Wirral	1	—	—	—	—	—	—	—	1	—
Blackpool C.B.C.	Goodwood Home, Park Road, Blackpool	1	—	—	—	1	—	—	—	—	—
Bolton C.B.C.	Egerton Lodge, Turton	1	3	—	—	—	—	—	—	1	3
	Holmses Hostel, Bolton	—	1	—	—	—	—	—	—	—	1
	Smithills Hall, Bolton	—	1	—	—	—	—	—	—	—	1
	Westfield Hostel, Bolton	1	1	—	1	1	1	—	—	—	1
	Woodlands Hostel, Bolton	—	2	—	—	—	1	—	1	—	—
	Watermillock Hostel, Bolton	—	—	—	1	—	—	—	—	—	1
Bootle C.B.C.	Basil Grange, Liverpool, 12	—	—	—	1	—	—	—	—	—	1
Burnley C.B.C.	Healey Grange, Rosehill Avenue, Burnley	—	1	—	—	—	—	—	1	—	—
Bury C.B.C.	Beech Grove, Chesham, Bury	—	—	1	—	—	—	—	—	1	—
	South View, Bury	—	—	1	—	1	—	—	—	—	—
	Woodbank, Bury	—	—	—	2	—	—	—	—	—	2
Cheshire C.C.	Chadwick Fields, Middlewich	—	1	—	—	—	—	—	—	—	1
	Cranford Lodge, Knutsford	—	1	—	—	—	1	—	—	—	—
	The Hill, Knutsford	—	1	—	—	—	—	—	—	—	1
	Hulme Hall, Cheadle Hulme	—	1	—	—	—	—	—	—	—	1
	Newton House, Newton, Chester	—	1	—	—	—	—	—	—	—	1
	Shotwick House, Saughall	—	1	—	—	—	1	—	—	—	—
	Sutton Beeches, Ellesmere Port	—	—	—	1	—	1	—	—	—	—
	Gawsworth New Hall, Gawsworth	—	—	—	1	—	—	—	—	—	1
Cumberland C.C.	The Croft, Kirksanton	—	1	—	—	—	—	—	—	—	1
Flintshire C.C.	Plas Coed, Dyserth Road, Rhyl	—	—	—	1	—	1	—	—	—	—
Halifax C.B.C.	Fairfield, Huddersfield Road, Halifax	—	1	—	—	—	—	—	—	—	1
Hampshire C.C.	Morton House, Kingsworthy, Winchester	1	—	—	—	—	—	—	—	1	—
	The Gables, Whitchurch	—	—	—	1	—	—	—	—	—	1
	Fleming House, Eastleigh	—	—	—	1	—	1	—	—	—	—
Hertfordshire C.C.	Vesta Lodge, St. Albans	—	1	—	—	—	1	—	—	—	—
Huddersfield C.B.C.	Longdenholme Hostel, Huddersfield	—	1	—	1	—	2	—	—	—	—
	Springfield House, Huddersfield	—	—	—	1	—	—	—	—	—	1
Leeds C.B.C.	Moorfield House, Leeds	—	—	1	—	—	—	—	—	1	—

TABLE 21—*continued*

Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
		No. at 31st December, 1958		Admissions		Discharges		Deaths		No. at 31st December, 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Lincolnshire C.C. (Parts of Lindsey) ...	The Hollies, Scunthorpe	—	1	—	—	—	—	—	—	—	1
Liverpool C.B.C.	New Grafton House, Liverpool	—	—	1	—	1	—	—	—	—	—
Manchester C.B.C.	Lawnhurst, Didsbury	—	1	—	2	—	—	—	—	—	3
	Newbury, Victoria Park, Manchester	—	1	—	—	—	—	—	—	—	1
	Nuthurst House, New Moston	1	1	—	—	—	—	—	—	1	1
	Park Hall, Victoria Park, Manchester	1	1	—	—	—	—	—	—	1	1
	Reston, Southport	—	1	—	1	—	1	—	—	—	1
Oldham C.B.C.	Moorfield, Greenacres Road, Oldham	—	—	1	—	—	—	—	—	1	—
	Lyndhurst, Queen's Road, Oldham	—	—	1	—	1	—	—	—	—	—
Oxfordshire C.C.	Hensington House, Woodstock	—	1	—	—	—	—	—	—	—	1
Portsmouth C.B.C.	St. Mary's House, Portsmouth	—	—	1	—	1	—	—	—	—	—
Preston C.B.C.	Ashton Civic Hostel, Preston	—	1	—	—	—	1	—	—	—	—
	Wilson House Hostel, Preston	1	—	—	2	1	—	—	—	—	2
	Sunny Bank, Brockholes Brow, Preston	—	2	—	—	—	1	—	—	—	1
Rochdale C.B.C.	Eversleigh Home, Rochdale	—	—	—	1	—	—	—	—	—	1
St. Helens C.B.C.	Moss Bank, St. Helens	1	1	2	—	—	—	1	—	2	1
	Nutgrove Hall, St. Helens	—	1	—	—	—	—	—	—	—	1
Salford C.B.C.	Granville, Eccles	1	—	—	—	—	—	—	—	1	—
	Wentworth, Eccles	—	1	—	—	—	—	—	—	—	1
	Cranbrook, Sedgley Park Road, Prestwich ...	—	—	1	—	—	—	—	—	1	—
	Kersal, Radford Street, Salford	—	—	2	—	—	—	—	—	2	—
Westmorland C.C.	The Abbey, Staveley	1	—	—	—	—	—	—	—	1	—
	Fayrer Holme, Bowness	—	1	—	—	—	—	—	—	—	1
West Riding C.C.	Glenholme, West Vale	—	1	—	—	—	—	—	1	—	—
Wigan C.B.C.	Rockwood, Colwyn Bay	—	—	—	2	—	2	—	—	—	—
Wiltshire C.C.	Elm Court, Stratton St. Margaret	—	1	—	—	—	—	—	—	—	1
	TOTAL	11	35	12	21	7	16	1	3	15	37

TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1959 (*continued*)—

(2) In former Public Assistance Institutions, etc.—

(*a*) Managed by the Lancashire County Council and administered by the Divisional Health Committee—

(i) Adults

Health Division No.	Name and address of establishment	*Accommodation capacity at 31st Dec. 1959		Cases which were County Council responsibility																				Cases which were responsibility of other Local Authorities																	
				Under S.21(1)(a)										Under S.21(1)(b)										Under S.21(1)(a)										Under S.21(1)(b)									
				No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	27, Stanley Street, Ulverston ...	32	19	30	17	28	3	26	3	1	—	31	17	2	1	4	—	4	—	—	—	2	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
2	Bay View House, Lancaster †	34	30	7	30	40	18	11	10	4	7	32	31	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	The Highlands, Wesham ...	50	80	35	33	16	14	17	10	5	3	29	34	2	1	5	5	6	5	—	—	1	1	17	44	11	23	8	19	1	5	19	43	—	1	—	2	—	1	—	—	—	2
4	Moorlands, Eaves Lane, Chorley ...	25	50	25	47	12	16	6	7	6	8	25	48	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—
5	Penmoor House, Chatburn Road, Clitheroe ... ‡	—	—	27	—	17	—	43	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	74, Wigan Road, Ormskirk ...	49	49	48	42	42	48	44	32	4	11	42	47	—	1	—	9	—	10	—	—	—	—	14	15	—	1	9	14	1	1	4	1	—	—	—	—	—	—	—	—	—
9	Delphside, Warrington Road, Whiston ...	—	36	35	30	16	34	51	48	—	2	—	14	—	22	1	63	1	68	—	—	—	17	8	5	2	—	10	5	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Athericigh Grange, Leigh Road, Leigh ...	48	68	54	73	25	37	10	26	21	12	48	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	380, Rochdale Old Road, Bury §	—	—	22	19	7	8	27	25	2	2	—	—	—	1	—	—	—	1	—	—	—	—	7	8	—	—	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Bridgewater House, Patricroft ...	28	33	27	34	17	17	15	9	3	3	26	39	—	1	1	3	1	4	—	—	—	—	—	—	2	1	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—
17	Lakeside, Ashton-under-Lyne ...	83	65	77	60	46	33	35	24	10	9	78	60	3	—	11	6	12	6	—	—	2	—	3	4	1	2	1	—	—	1	3	5	—	—	—	2	—	2	—	—	—	—
	TOTAL ...	349	430	387	385	266	228	285	194	57	57	311	362	7	27	22	87	24	95	—	—	5	19	49	80	16	27	36	47	2	7	27	53	—	1	—	4	—	3	—	—	—	2

* Nominal accommodation frequently exceeded owing to pressure of admissions.

† Male accommodation reopened to accept 26 men from Penmoor, Clitheroe.

‡ Closed 13th July, 1959.

§ Closed 31st May, 1959.

TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1959 (*continued*)—

(2) In former Public Assistance Institutions, etc. (*continued*)—

(*a*) Managed by the Lancashire County Council and administered by the Divisional Health Committee (*continued*)—

(ii) *Children at ages (in years)

Health Division No.	Name and address of establishment	†Accommodation capacity at 31st Dec. 1959		Cases which were County Council responsibility																				Cases which were responsibility of other Local Authorities																	
				Accompanied by an adult										Unaccompanied										Accompanied by an adult										Unaccompanied									
				No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959		No. at 31st Dec. 1958		Admissions		Discharges		Deaths		No. at 31st Dec. 1959	
		0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—
2	Bay View House, Lancaster ...	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	The Highlands, Wesham	—	—	—	—	5	2	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Moorlands, Eaves Lane, Chorley ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	74 Wigan Road, Ormskirk ...	—	—	—	2	11	7	11	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Delphside, Warrington Road, Whiston	38	—	25	14	82	41	90	42	—	—	17	13	1	—	10	5	11	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Bridgewater House, Patricroft ...	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Lakeside, Ashton-under-Lyne ...	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTAL ...	38	—	26	16	98	52	107	55	—	—	17	13	1	—	10	5	11	5	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* *i.e.* For the purposes of the National Assistance Act, persons under the age of 16 years and, for the purposes of the Children Act, persons under the age of 18 years.

† Where no nominal accommodation is shown, children were admitted as a temporary expedient until other arrangements could be made.

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1959 (*continued*)—

(2) In former Public Assistance Institutions, etc. (*continued*)—

(*b*) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Name and address of establishment	Cases which were County Council responsibility																								
		In respect of accommodation provided under S.21(1)(a)										In respect of accommodation provided under S.21(1)(b)														
		No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959		No. at 31st Dec., 1958			Admissions			Discharges			Deaths			No. at 31st Dec., 1959		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.
Blackburn C.B.C.	Park View, Blackburn	14	4	1	—	1	—	—	—	14	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	7	6	1	1	1	—	—	1	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bradford C.B.C.	The Park, Bradford	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burnley C.B.C.	Moorfields, Burnley	22	26	6	7	4	2	1	4	23	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flintshire C.C.	Stanley Hospital, St. Asaph	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	Lower Breck Road, Liverpool	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Westminster House, Liverpool	2	3	2	1	—	—	1	1	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1
London C.C.	Luxborough Lodge, Westminster	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manchester C.B.C.	Mayfield House, Manchester	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Newholme, Withington	—	2	—	3	—	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Preston C.B.C.	Preston Civic Hostel, Fulwood	19	17	12	3	5	4	—	—	26	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salford C.B.C.	The Homestead, Salford	1	5	5	4	4	4	—	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salop C.C.	Morda House, Oswestry	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stockport C.B.C.	St. Thomas' Hospital, Stockport	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surrey C.C.	St. Anne's Home, Redhill	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Warrington C.B.C.	Whitecross Welfare Homes, Warrington	4	9	—	—	—	—	—	1	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wigan C.B.C.	Social Welfare Home, Frog Lane, Wigan	5	2	—	—	1	—	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total—Former Public Assistance Institutions ...	76	75	29	22	17	17	3	9	85	71	—	1	1	—	1	1	—	1	1	—	—	—	—	1	1
Manchester C.B.C.	Langho Epileptic Colony, Langho	53	74	1	4	4	3	—	3	50	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total—All above Establishments	129	149	30	26	21	20	3	12	135	143	—	1	1	—	1	1	—	1	1	—	—	—	—	1	1

* Only children under the age of 16 years accompanied by and accommodated in the same establishment as an adult are included.

TABLE 25—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1959 (*continued*)—

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area)—

(*a*) Other than Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	3	—	—	—	—	—	—	—	3
Ashton-under-Lyne Housing Association	Grasmere Lodge, Ashton-under-Lyne	9	19	—	5	5	—	—	2	4	22
British Deaf and Dumb Association	Ernest Ayliffe Home, Rawdon, near Leeds	2	—	—	—	—	—	—	—	2	—
British Diabetic Association (Cheshire Branch)	Charles Best House, Parkgate	—	1	—	—	—	—	—	1	—	—
British Legion	Lister House, Sharow, near Ripon	5	—	3	—	—	—	—	—	8	—
British Red Cross Society	Edenhurst, Thorley Lane, Timperley	1	—	—	—	—	—	—	—	1	—
Bushell's Hospital Charity	Bushell's Hospital, Goosnargh, near Preston	1	6	1	—	—	—	—	—	2	6
Cheshire Foundation Homes	Ampthill Park House, Bedford	—	—	1	—	1	—	—	—	—	—
	Honresfeld, Littleborough	1	1	2	1	—	—	—	1	3	1
	Seven Rivers Home, Great Bromley	—	1	—	—	—	—	—	—	—	1
Church Army	Sunset Home, 9 Merton Road, Bootle	—	5	—	3	—	1	—	—	—	7
	Sunset Home, Linnaeus House, Hull	—	1	—	—	—	—	—	—	—	1
Church of Scotland	Cumnor Hall, Ayr	—	1	—	—	—	1	—	—	—	—
Congregational Union	Fen Place, Crawley	—	—	—	1	—	—	—	—	—	1
Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	—	3	—	1	—	—	—	—	—	4
Cripplecraft, Ltd.	Cripplecraft Home, Herne Bay	—	1	—	—	—	—	—	—	—	1
Cripples' Help Society	Cripples' Home, Tan-y-Bryn, Abergele	2	4	—	1	—	2	—	—	2	3
Crosby Residential Trust	Sundene Lodge, Esplanade, Waterloo	3	4	—	1	—	1	1	—	2	4
David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	12	6	2	1	1	—	—	—	13	7
Derwen Cripples' Training College	Derwen Cripples' Training College, Oswestry	1	—	2	—	—	—	—	—	3	—
East Lancashire Homes for Disabled Sailors and Soldiers	Broughton House, Kersal	3	—	3	—	1	—	1	—	4	—
	Wyborne Gate, Southport	1	—	—	—	1	—	—	—	—	—
East Lancashire Masonic Benevolent Institution	Walshaw Hall, Tottington, Bury	1	5	—	—	—	—	1	1	—	4
Eccles Old People's Welfare Association	Derby House Hostel, Eccles	10	22	4	5	3	4	—	—	11	23
Field Lane Institution	Singholm Home, Walton-on-Naze	—	1	—	—	—	—	—	—	—	1
Hatherlow House Committee Homes	Park Crescent, Alexandra Road and Leyland Road, Southport	—	2	4	—	1	1	1	—	2	1
Haven of Rest	Haven of Rest, Peel Street, Southport	—	1	—	—	—	—	—	—	—	1
Hawick and District Eventide Homes, Ltd.	Weens House, Hawick	1	—	—	—	—	—	—	—	1	—
Hertfordshire Old People's Homes Ltd.	Cassiobury Court, Watford	1	—	—	—	—	—	—	—	1	—
Home of the Alexian Brothers	St. Mary's Home, Moston, Manchester	4	—	10	—	1	—	3	—	10	—
Hostels for Crippled Women	Love Walk, Denmark Hill, London, S.E.5.	—	—	—	1	—	—	—	—	—	1
Borough of Hyde Welfare of Aged, Infirm and Lonely	Bowlacre Home, Hyde	—	—	1	—	—	—	—	—	1	—
	Pole Bank Hall, Hyde	—	—	—	1	—	—	—	—	—	1
Infantile Paralysis Fellowship	Silverwood Home, Cobham, Surrey	—	2	—	—	—	—	—	—	—	2
Langdale Cottage Homes Trust	Langdale Cottage Homes, Worsley	—	2	—	—	—	—	—	—	—	2
Leeds Council of Social Service	St. Annes Lodge Hostel, Leeds	—	1	—	—	—	—	—	—	—	1
Liverpool Personal Service Society	52/54 Croxteth Road, Liverpool	—	—	1	—	—	—	—	—	1	—

TABLE 25—(*continued*)

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	12	15	2	4	1	3	—	—	13	16
Manchester Jewish Homes for the Aged	Manchester Jewish Homes for the Aged, Cheetham Hill Road, Manchester	1	3	1	1	—	—	—	1	2	3
Manchester and Salford Methodist Mission	The Rossett, Withington, Manchester	—	1	—	—	—	—	—	—	—	1
Maryland Home for Elderly People	Maryland Home, School Lane, Formby	1	9	2	4	—	1	1	—	2	12
Methodist Homes for the Aged	Astoria, Colwyn Bay	—	3	—	—	—	—	—	—	—	3
	Fulwood Park, Liverpool	—	2	—	—	—	—	—	—	—	2
	Moorland House, Hathersage	—	1	—	—	—	—	—	1	—	—
	Starr Hills, St. Annes	—	9	—	—	—	1	—	—	—	8
Missionary Sisters of Our Lady of Apostles	The Convent, Orchard Lane, Leigh	—	—	—	6	—	—	—	—	—	6
Mutual Aid Homes, Ltd.	Westerley, Grange-over-Sands	1	3	—	1	—	—	—	—	1	4
	Westerley, Westeliffe-on-Sea	—	1	—	—	—	1	—	—	—	—
National Institute for the Deaf	Richardson House, Billinge End Road, Blackburn	—	8	—	—	—	—	—	1	—	7
	Roper House, St. Dunstans, Canterbury	—	—	—	1	—	—	—	—	—	1
National Society for Epileptics	Chalfont Colony, Chalfont St. Peter, Bucks.	—	—	—	1	—	—	—	—	—	1
National Spastics Society	Prested Hall Centre, Feering, Kelvedon, Essex	1	1	—	1	—	1	—	—	1	1
	Coombe Farm Centre, Oaks Road, Croydon	1	—	—	—	1	—	—	—	—	—
	Daresbury Hall, Daresbury, near Warrington	—	—	3	—	—	—	—	—	3	—
Nazareth House	Nazareth House, Southend-on-Sea	—	—	—	1	—	1	—	—	—	—
Peacehaven House Committee	115 Roe Lane, Southport	—	1	—	—	—	—	—	—	—	1
Pentecostal Eventide Housing Association, Ltd.	The Brooklands, Bakewell, Derbyshire	—	2	—	—	—	—	—	1	—	1
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham, Herts.	—	2	—	1	—	1	—	—	—	2
St. Joseph's Hospital	St. Joseph's Hospital, Manchester	—	—	—	1	—	—	—	—	—	1
Salvation Army	Blenheim House, 101 Waterloo Road, Oldham	—	1	—	—	—	1	—	—	—	—
	Dewdown House, 64 Beach Road, Weston-super-Mare	1	1	—	—	—	—	—	—	1	1
	Elizabeth Walker Eventide Home, Orrell Hey, Bootle	—	4	—	—	—	—	—	—	—	4
	Eventide Home, Holm Hill, West Kirby	—	1	—	—	—	—	—	—	—	1
	Eventide Home, Laurel Bank, Salford	—	5	—	7	—	2	—	3	—	7
	Holt House, Hilton Lane, Prestwich	—	9	—	3	—	1	—	3	—	8
	Laing Memorial Eventide Home, Wicksted Hall, Whitchurch	2	—	—	—	1	—	—	—	1	—
	Southlands, Hall Nook, Penketh	—	11	—	1	—	1	—	3	—	8
	Mildred Duff Memorial Home, North Walsham	—	—	1	—	—	—	—	—	1	—
Sisters of Charity of Jesus and Mary	Stella Matutina Convent, Clifton Drive, Ansdell	—	—	—	3	—	—	—	—	—	3
Society of Friends	Beechville, Lostock Park, Bolton	2	4	1	3	—	1	1	2	2	4
Society of Friends of Foreigners in Distress	Libury Hall, Munden, near Ware, Herts.	—	2	—	—	—	—	—	—	—	2
Star and Garter Home for Disabled Sailors, Soldiers and Airmen	Star and Garter Home, Richmond, Surrey	1	—	—	—	—	—	—	—	1	—
Stone Bower Fellowship	The Cove, Silverdale, Carnforth	9	11	—	—	—	1	—	—	9	10
Turner Memorial Home of Rest	Turner Memorial Home, Dingle Head, Liverpool	3	—	2	—	1	—	—	—	4	—
Urmston Housing Association	Ann Challis Eventide Home, Urmston	—	23	—	11	—	11	—	4	—	19
	Haylands Eventide Home, Urmston	—	—	5	—	—	—	—	—	5	—
Women's Voluntary Services	Residential Club, 58 Elsworthy Road, Hampstead	—	1	—	—	—	—	—	—	—	1
	Residential Club, Sharnbrook House, Bedford	—	1	—	—	—	—	—	—	—	1
	Residential Club, St. Michael's Mount, Liverpool, 17	—	1	1	—	1	—	—	1	—	—
	Residential Club, Warriston, Mersey Road, Liverpool, 17	—	—	—	1	—	—	—	—	—	1
Yateley Industries for Disabled Girls	Yateley Industries for Disabled Girls, Yateley, Hants.	—	1	—	—	—	1	—	—	—	—
Yorkshire Association for the Care of Cripples	St. George's Voluntary Centre for the Disabled, Otley Road, Harrogate	1	1	1	2	1	1	—	—	1	2
	TOTAL	94	230	53	74	20	39	9	25	118	240

TABLE 26—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1959 (*continued*)—

(3) In Establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (*continued*)—

(*b*) Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1959	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackpool and Fylde Society for the Blind	Sunbeam Home of Rest, Newton Drive, Blackpool	2	5	2	3	1	3	1	—	2	5
Catholic Blind Institute	59 Brunswick Road, Liverpool, 6...	2	—	2	—	1	—	—	—	3	—
Fulwood Workshops for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston ...	3	9	—	4	—	1	—	—	3	12
Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	7	—	—	—	—	—	—	—	7
	Thomas Briggs Lomas Home, Rhyl	5	—	1	—	2	—	1	—	3	—
Liverpool Home Teaching Society for the Blind	Ashby House, Parkfield Road, Liverpool	1	—	—	—	—	—	—	—	1	—
	Ash Lea Boarding House for Women, Aigburth Road, Liverpool	—	3	—	1	—	1	—	—	—	3
	Henderson Holiday Home, South Shore, Blackpool	—	1	—	—	—	—	—	—	—	1
Lindsey Blind Society	The Sycamores, Louth	—	—	—	1	—	—	—	—	—	1
Manchester and Salford Blind Aid Society	"Elms," Pendleton	—	6	—	1	—	—	—	1	—	6
	Godfrey Ermen Memorial Home, Southport	2	—	—	—	—	—	1	—	1	—
	"Oaklands," Pendleton	9	4	3	—	1	—	1	1	10	3
North London Homes for the Blind	"Clevelands" and "Dunwithins," Chorley New Road, Bolton	—	15	1	—	—	1	—	2	1	12
North Regional Association for the Blind	"Oaklands," Huddersfield Road, Holmfirth	1	1	—	5	—	1	—	—	1	5
	"Springhill," Nelson	11	6	—	7	1	4	2	—	8	9
Royal National Institute for the Blind	"Fellowship House," Hoylake	1	—	—	—	—	—	—	—	1	—
	"Leeds House," New Brighton	1	—	—	1	—	—	—	—	1	1
	Royal School for the Blind, Leatherhead	2	—	—	—	—	—	—	—	2	—
	"Tate House," Home for the Deaf-Blind, Harrogate	2	1	—	—	—	—	—	—	2	1
	TOTAL	42	58	9	23	6	11	6	4	39	66

TABLE 27—HOUSING

Summary of Work Carried Out During the Year 1959

Urban Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies of Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Abram	—	20	—	20	—	—	—	—	110	375	—	96	72	10
Accrington (B)	62	—	—	—	—	—	62	—	210	469	1	191	148	5
Adlington	17	—	—	—	—	—	17	—	33	45	—	35	19	—
Ashton-in-Makerfield	120	—	—	—	—	—	120	—	383	1,195	6	189	165	19
Ashton-under-Lyne (B)	186	46	114	46	—	—	72	—	2,720	5,392	1,137	1,572	1,040	240
Aspull	39	30	20	30	—	—	19	—	201	236	21	102	128	16
Atherton	55	36	43	36	—	—	12	—	889	1,145	11	91	259	30
Audenshaw	47	—	46	—	—	—	1	—	522	566	9	135	100	26
Bacup (B)	26	—	22	—	—	—	4	—	446	446	115	194	145	38
Barrowford	5	—	—	—	—	—	5	—	158	287	—	141	141	—
Billinge & Winstanley	63	—	—	—	—	—	63	—	120	182	—	72	71	15
Blackrod	46	—	12	—	—	—	34	—	132	216	3	24	27	10
Brierfield	6	—	—	—	—	—	6	—	117	271	3	95	89	3
Carnforth	9	—	8	—	—	—	1	—	12	18	—	12	12	—
Chadderton	217	—	14	—	—	—	203	—	2,923	5,645	56	204	284	33
Chorley (B)	97	14	49	14	—	—	48	—	1,127	3,604	—	645	677	28
Church	4	—	—	—	4	—	—	—	24	30	1	23	15	8
Clayton-le-Moors	2	—	—	—	—	—	2	—	38	85	—	36	12	—
Clitheroe(B)	40	—	10	—	—	—	30	—	59	79	1	24	20	—
Colne (B)	18	22	12	22	—	—	6	—	283	1,187	—	119	106	134

TABLE 27—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Crompton	99	8	2	8	—	—	97	—	661	1,365	39	114	140	26
Crosby (B)	219	—	72	—	—	—	147	—	3,291	7,168	1,800	863	1,346	28
Dalton-in-Furness	16	—	12	—	—	—	4	—	104	191	—	79	17	—
Darwen (B)	12	—	—	—	—	—	12	—	230	1,161	12	218	22	145
Denton	329	—	26	—	—	—	303	—	896	1,496	4	271	269	16
Droylsden	58	6	52	6	—	—	6	—	249	618	—	136	136	57
Eccles (B)	29	82	12	82	—	—	17	—	2,259	3,031	11	660	406	196
Failsworth	191	—	22	—	—	—	169	—	407	789	20	193	162	23
Farnworth (B)	1	—	—	—	—	—	1	—	421	1,185	14	249	212	3
Fleetwood (B)	116	36	15	36	—	—	101	—	328	602	1	125	123	35
Formby	149	—	—	—	—	—	149	—	263	387	6	143	108	2
Fulwood	331	8	—	—	—	—	331	8	254	427	—	138	142	—
Golborne	301	13	88	8	—	—	213	5	254	874	8	223	204	16
Grange	15	—	—	—	—	—	15	—	69	115	—	53	40	—
Great Harwood	21	20	1	20	—	—	20	—	80	160	—	23	34	9
Haslingden (B)	17	8	8	8	—	—	9	—	309	621	—	45	45	83
Haydock	85	—	14	—	—	—	71	—	375	900	—	259	285	14
Heywood (B)	63	62	48	62	—	—	15	—	837	2,417	25	654	282	129
Hindley	103	—	36	—	—	—	67	—	423	1,263	—	383	289	8
Horwich	28	—	—	—	—	—	28	—	940	2,396	1	650	698	9
Huyton-with-Roby	235	—	97	—	—	—	138	—	936	2,494	—	78	65	—

TABLE 27—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Ince-in-Makerfield	26	—	26	—	—	—	—	—	621	789	—	276	237	6
Irlam	78	—	42	—	—	—	36	—	173	854	2	84	75	32
Kearsley	14	—	9	—	—	—	5	—	30	60	1	27	30	41
Kirkby	457	482	12	—	385	482	60	—	400	433	—	350	340	1
Kirkham	21	24	14	24	—	—	7	—	410	1,280	—	267	334	4
Lancaster (B)	248	70	164	70	—	—	84	—	307	690	14	64	48	194
Lees	1	—	—	—	—	—	1	—	73	137	—	54	48	6
Leigh (B)	146	84	78	84	—	—	68	—	559	2,174	527	310	319	115
Leyland	168	—	6	—	71	—	91	—	70	162	5	38	36	2
Litherland	61	44	32	44	—	—	29	—	2,251	2,960	14	87	89	50
Littleborough	4	—	—	—	—	—	4	—	739	1,058	4	53	63	2
Little Lever	21	40	—	40	—	—	21	—	88	97	—	6	6	43
Longridge	18	—	—	—	—	—	18	—	171	350	6	30	26	—
Lytham St. Annes (B)	231	16	—	16	—	—	231	—	47	188	2	17	17	4
Middleton (B)	488	20	32	—	142	20	314	—	898	1,500	261	521	521	11
Milnrow	35	—	23	—	—	—	12	—	64	215	—	43	36	16
Morecambe & Heysham (B)	257	37	13	12	—	—	244	25	1,060	1,775	5	599	499	18
Mossley (B)	13	—	4	—	—	—	9	—	403	656	27	80	66	35
Nelson (B)	23	—	17	—	—	—	6	—	149	765	—	137	127	23
Newton-le-Willows	88	—	55	—	—	—	33	—	448	1,438	20	248	223	26
Ormskirk	183	4	47	4	6	—	130	—	674	1,135	15	229	214	59

TABLE 27—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Orrell	80	—	—	—	—	—	80	—	526	1,814	28	501	117	14
Oswaldtwistle	26	—	—	—	—	—	26	—	57	129	—	54	47	—
Padiham	20	—	16	—	—	—	4	—	331	505	29	19	19	40
Poulton-le-Fylde	344	4	8	—	—	—	336	4	55	106	42	25	23	6
Preesall	6	—	—	—	—	—	6	—	25	53	1	24	24	2
Prescot	44	24	40	24	—	—	4	—	615	1,422	9	187	209	21
Prestwich (B)	48	15	11	15	—	—	37	—	204	598	3	47	114	1
Radcliffe (B)	113	16	50	16	—	—	63	—	240	337	214	99	68	75
Rainford	114	—	8	—	—	—	106	—	48	65	3	7	8	—
Ramsbottom	63	20	7	20	—	—	56	—	6	134	8	—	3	40
Rawtenstall (B)	13	32	1	32	—	—	12	—	210	763	19	191	211	59
Rishton	10	—	—	—	—	—	10	—	60	224	—	51	49	—
Royton	66	25	—	25	—	—	66	—	466	709	171	92	80	55
Skelmersdale	50	4	26	4	—	—	24	—	671	1,701	17	71	417	3
Standish-with-Langtree	82	—	—	—	—	—	82	—	207	275	13	137	137	11
Stretford (B)	16	25	—	25	—	—	16	—	1,763	3,391	19	429	403	5
Swinton & Pendlebury (B)	193	32	88	32	—	—	105	—	662	4,669	5	292	494	112
Thornton Cleveleys	446	—	—	—	—	—	446	—	33	217	10	23	19	2
Tottington	13	—	—	—	—	—	13	—	112	157	2	—	13	—
Trawden	—	—	—	—	—	—	—	—	21	26	—	—	—	—
Turton	280	—	—	—	—	—	280	—	380	416	3	326	389	6

TABLE 27—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Tyldesley	99	—	26	—	—	—	73	—	185	836	—	25	24	2
Ulverston	30	—	13	—	—	—	17	—	119	224	1	17	18	15
Up Holland	82	—	18	—	—	—	64	—	80	94	11	11	9	20
Urmston	257	—	50	—	—	—	207	—	151	588	6	145	124	12
Walton-le-Dale	261	—	—	—	—	—	261	—	403	557	43	199	208	1
Wardle	2	—	—	—	—	—	2	—	21	60	—	21	19	—
Westhoughton	95	—	36	—	—	—	59	—	167	854	40	100	88	35
Whitefield	130	—	16	—	—	—	114	—	59	250	18	18	18	39
Whitworth	—	—	—	—	—	—	—	—	248	457	20	14	105	—
Widnes (B)	267	10	126	—	—	—	141	10	706	2,050	—	—	467	140
Withnell	2	—	—	—	—	—	2	—	39	52	—	9	5	—
Worsley	228	50	94	16	57	34	77	—	255	977	58	162	166	23
Total Urban Districts	9,538	1,489	2,063	901	665	536	6,810	52	42,853	94,559	5,001	16,106	16,004	2,841

TABLE 27—*continued*

Rural Districts	New Houses Erected During Year								Unfit Dwellings					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Blackburn	134	—	—	—	—	—	134	—	155	383	5	83	84	1
Burnley	13	—	—	—	—	—	13	—	269	538	14	37	26	5
Chorley	143	32	29	32	—	—	114	—	206	850	—	88	88	28
Clitheroe	12	—	—	—	—	—	12	—	125	174	1	44	37	5
Fylde	108	—	24	—	—	—	84	—	104	208	—	50	17	16
Garstang	94	—	—	—	—	—	94	—	102	272	4	56	45	4
Lancaster	98	—	—	—	—	—	98	—	228	432	1	187	176	—
Lunesdale	121	—	23	—	—	—	98	—	103	162	7	49	43	12
Preston	287	4	42	4	20	—	225	—	124	228	1	21	23	9
Ulverston	12	—	—	—	—	—	12	—	683	1,194	8	69	15	7
Warrington	352	—	59	—	—	—	293	—	451	1,318	24	155	166	17
West Lancashire	579	55	—	—	2	—	577	55	498	1,173	6	8	497	15
Whiston	471	—	—	—	22	—	449	—	1,293	2,252	31	135	158	36
Wigan	90	8	24	8	—	—	66	—	402	704	14	12	9	28
Total Rural Districts	2,514	99	201	44	44	—	2,269	55	4,743	9,888	116	994	1,384	183
Total Urban Districts	9,538	1,489	2,063	901	665	536	6,810	52	42,853	94,559	5,001	16,106	16,004	2,841
Total Administrative County	12,052	1,588	2,264	945	709	536	9,079	107	47,596	104,447	5,117	17,100	17,388	3,024

INDEX

Page

Accidents, deaths due to 24, 169, 174
Accommodation provided—Welfare Services 112, 189–198
Acute encephalitis 30, 31, 32
Acute poliomyelitis 29, 31, 32, 169, 174
vaccination against 74
Adjusted birth rates 18,160
death rates 20,160
Adulteration, food and drugs 149
Aged and infirm, welfare of 112, 189–195
Agencies for supply of nurses 111
Aleukaemia 23, 169, 174
Ambulance Service 83
Analgesia 60, 63
Analyses, food and drugs 150
milk 146, 150
Angina, etc. 21, 169, 174
Antenatal clinics 45, 176
Area, Administrative County 15
health divisions 40
urban and rural districts 160
Atmospheric pollution 138

B.C.G. vaccination 93
Birth rates 17, 18, 159, 160
Births 18, 59, 160
Blind persons, welfare of 118, 198
Bronchitis 24, 169, 174

Camping sites 139
Canal boats, inspection of 141
Cancer death rates 17, 23
deaths 23, 169, 174
Care and after-care of sick persons ... 90, 105, 184
Care of aged persons in their own homes ... 117
children neglected or ill-treated in their own homes 97
mothers and young children 45
premature infants 53,178
unmarried mothers and their children 55,179
Chickenpox... 31
Child welfare centres 47,177
Chiropody service 99
Circulatory disease, other... ... ... 25, 169, 174
Civil defence, ambulance section 90
welfare section 128
Clean Air Act, 1956 138
Cleansing, public 137
Clinics, antenatal and post-natal ... 45, 176
family planning 53
relaxation 46,176
special 52
Closet accommodation 137
Common lodging houses 141
Comparability factors 18, 20, 168
Congenital malformations 169, 174
Convalescent home care 95
Coronary disease, angina 21, 169, 174

Day nurseries 56,180
Deaf or dumb, welfare of... 123
Deafness in young children, ascertainment of ... 48
Death rates... ... ... 17, 19, 159, 160
Deaths 19, 160, 169, 174
causes of 21, 169, 174
infant 17, 26, 160, 174
maternal 17, 25, 169, 174
investigation of 26
neo-natal 27,160
perinatal 28, 160
transferable 25
Dental care of mothers and young children ... 51
Diabetes, deaths from 169, 174
Diphtheria 29, 31, 32, 169, 174
immunisation 76
Disinfestation 139
Divisional health administration 39
Drainage and sewerage 133
Dysentery 30, 31, 32

Page

Encephalitis, acute 30, 31, 32
Epileptics and spastics 126
Erysipelas 31, 32
Evening helps 97

Factories, etc., inspection of 140
Family planning clinics 53
Financial assistance (*see* Grants)
Food, inspection and supervision of 145
Food and drugs, sampling 149
Food poisoning 30, 31, 147
Fresh-water closets 137

Gas/air analgesia 60, 63
Gastritis, enteritis and diarrhoea ... 169, 174
Grants to local authorities—
drainage and sewerage 133
housing 144
water supplies 133

Handicapped persons, welfare of ... 118, 196–198
Health centres 45
Health education 100
Health services 39
Health visiting 65
Heart disease 21, 169, 174
Home help service 102, 185, 186
Home nursing 67, 181–183
Homeless families, accommodation for 117
Homes, for the blind 198
disabled and/or old persons 127
mother and baby 55, 179
nursing 110
Homicide, etc. 24, 169, 174
Hostels for aged and infirm 113
accommodation provided 112, 189–195
Houses, for midwives 61
for nurses 71
Housing 143, 199
special, for the aged 116
Hyperplasia of prostate 169, 174
Hypertension with heart disease... ... 21, 169, 174

Ice-cream 147, 153
Ice lollies 155
Illegitimate births... ... ... 19, 160
Illegitimate infant deaths 27, 160
Immunisation 76
Infant mortality 26, 160, 174
rates 17, 26, 159, 160
Infectious diseases... 29
death rates 32
notifications 31, 32
Infective and parasitic diseases, other ... 169, 174
Infirm, aged and, welfare of 112, 189–195
Influenza 25, 169, 174
Inspection and supervision of food 145

Laundry service 97
Leukaemia 23, 169, 174
Live births 18, 59, 160
Lodging houses, common 141
Lollies, ice 155
Lunacy and Mental Treatment Acts, 1890–1930 ... ... 106, 187

Malaria 31
Malignant neoplasms 23, 169, 174
Mass radiography 92
Maternal mortality 25, 169, 174
investigation of 26
rates 17, 25
Measles 29, 31, 32, 169, 174
Meat and other foods 146
Medical examinations 109, 188
Meningococcal infection 29, 31, 32, 169, 174
Mental health 104, 187
Middens, privy 137
Midwifery 60

Page

Midwives, domiciliary, confinements attended by 60,63
housing of 61
motor transport for 61
roll of 61
Milk 145
adulteration of 150
in schools, etc. 145
licences 145
Mother and baby homes 55, 179
Mothercraft training 46, 98
Mothers and young children, care of 45
Motor transport, midwives 61
nurses 71
Motor vehicle accidents, deaths due to ... 24, 169, 174
Movable dwellings 139

National Assistance Act, 1948—
Section 47 (compulsory removal) 129
Welfare services 112, 189–198
Neo-natal mortality 27, 160
Neoplasms, malignant 23, 169, 174
Nephritis and nephrosis 169, 174
Night helps 96
Nurseries 56,180
Nurseries and Child Minders Regulation Act, 1948 58
Nurses Agencies Act, 1957 111
Nursing Aid Service 97
Nursing equipment, loan of 97
Nursing homes 110
Nursing in the home 67, 181–183

Offensive trades 141
Ophthalmia neonatorum 31, 56
Oxygen resuscitators 60

Pail closets 137
Paratyphoid fever 30, 31, 32
Partially-sighted, welfare of 123
Perinatal mortality 28, 160
Pethidine, administration of 63
Pneumonia 25, 31, 32, 169, 174
Poliomyelitis, acute 29, 31, 32, 169, 174
vaccination against 74
Population, Administrative County 15
health divisions 40
urban and rural districts 160
Post-certificate training, midwives 60
nurses 70
Post-natal clinics 45
Pregnancy, childbirth and abortion,
deaths from 25, 169, 174
Premature infants, care of 53, 178
Prevention of Damage by Pests Act, 1949 ... 139
Prevention of illness, care and after-care 90, 105
Privy middens 137
Problem families 97
Propaganda, prevention of illness 100
Prosecutions, food and drugs 152
Puerperal pyrexia 31, 32

Page

Rag Flock and Other Filling Materials Act, 1951 141
Registration of blindness 118
homes for disabled and/or old persons ... 127
nursing homes 110
Relaxation classes 46, 176
Respiratory diseases, other 169, 174
Respiratory tuberculosis 33
death rates 17, 36
deaths 36, 169, 174
notifications 33, 175
Rheumatism, acute 33
Roll of midwives 61
Rural Water Supplies and Sewerage Acts, 1944 to
1955 133
Sampling, food and drugs 149
milk 146, 150
Sanitary circumstances of County 130
Sanitary inspections 138, 142
Scarlet fever 30, 31, 32
Sewerage, etc. 133
Shops Act, 1950 156
Smallpox 29, 31, 32
vaccination against 72
Smoke abatement 138
Spastics and epileptics 126
Statistics, vital 15
Stillbirths 19, 59, 160
Suicide 169, 174
Swimming baths and pools 139
Syphilitic disease, deaths from 169, 174

Tetanus, immunisation against 76, 83
Training centres (mental health) 107
Transferable deaths 25
Trilene, administration of 60, 63
Tuberculosis 33
care and after-care 90, 184
death rates 17, 36
deaths 36, 169, 174
notifications 33, 175
vaccination against 93
Typoid fever 30, 31, 32

Ulcer of stomach and duodenum ... 169, 174
Unmarried mothers and their children, care of 55, 179

Vaccination, poliomyelitis 74
smallpox 72
tuberculosis 93
Vascular lesions of nervous system ... 23, 169, 174
Venereal disease, care and after care 94
Violence, deaths from 24, 169, 174
Vital statistics 15
Voluntary organisations, use of 92, 105, 114, 196–198
War Charities Act, 1940 127
Waste-water closets 137
Water supplies 130
Welfare foods 56
Welfare Services 112
accommodation provided 112, 189–198
Whooping cough 29, 31, 32, 169, 174
immunisation 76, 80
Wireless Telegraphy Acts, 1949 and 1955 ... 122